

St Anne’s
Ballymany Cross, The Curragh, Co. Kildare



Policy for Infection Control

This policy was ratified by the BOM of St Anne’s on _____

Chairperson BOM

Date

Sample Care Plan and Management Forms as listed

10. Cough and Cover Poster
11. Hand Hygiene Poster
12. HSE When to keep my child home guidance

POLICY TITLE: Policy for Infection Control

- 1:0 DEFINITION:** Infectious diseases are a major cause of illness among children going to school. It is an illness caused by a number of germs – bacterial, viral, fungal, and parasites. Not all infectious diseases are contagious – any illness caused by germs is an infectious illness but the illness which can spread from one person to another is contagious. i.e. an ear infection is not contagious, whereas chicken pox spreads rapidly among school children. The school recognises that some of our pupils with underlying health conditions are more vulnerable to infection than would be serious for most children, i.e. chicken pox, measles, slapped cheek (parvovirus B19). Parents are routinely notified on awareness of any confirmed outbreak in school so that further medical advice can be sought. The school also recognises the significance of hand washing as the single most important part of infection control and has adequate hand washing facilities throughout the school.
- 2:0 PURPOSE:** To contain and reduce the spread of infection in school by implementing appropriate control measures. This policy should be read in conjunction with our Infection Control Policy & other Medical Policies
- 3:0 SCOPE:** Applies to all areas within the workforce of St Anne’s School.
- 4:0 RESPONSIBILITY:** Lies with each member of staff for ensuring she/he adheres to this policy. Lies with the School to pass information on infection control changes to staff. Lies with clinicians and visitors to the school to adhere to our hand washing promotion throughout the building. Lies with all those in a supervisory capacity who are responsible for the implementation of this policy.
- 5:0 PROCEDURE:**
- Management of an infection disease should proceed as adapted from the HSE guidelines inclusive of contacting the local Department of Health (by the school’s Health and Safety Officer):
- If there are concerns about a communicable disease
 - If the number of pupils who have developed similar symptoms is higher than normal
 - If you suspect there is an outbreak of infectious diseases in the school

5:1 RISK ASSESSMENT – WHO IS AT RISK:

Everyone is susceptible to infection. Once a person comes in contact with an infection agent a number of factors influence whether or not that person becomes ill. Factors include:

- Relevance of the particular germ causing the disease
- If the person contracting the disease has a compromised immune system
- If the person affected has an underlying health problem that can affect the outcome of the contacting the germ involved.
- Slapped cheek and certain blood disorders (Spherocytosis)
- Pregnancy i.e Rubella, Chicken Pox and Slapped cheek (paravovirus B19)

5:3 RISK ASSESSMENT – HOW DO INFECTIONS SPREAD?

Infections can spread in a variety of ways. The five most common routes are:

- Physical Contact – Infection, especially skin contagions, are spread by direct physical contact. Direct contact means that infections are passed on from one person to another when their bodies touch. Infections like ringworm are spread when children play together and the infected areas of a child is touched by another. Other infections the chicken pox, cold sores and HIV can be passed on by kissing, touching and sexual intercourse.
- Droplet Spreading – Colds, strep throat etc. are caused by germ found in saliva and excretions of the nose. Sneezing, running nose, coughing or other droplets of secretions care be ways of spreading germs via droplets. This germs can land in a person’s mouth, eyes or nose and can also be inhaled. Young children experience cold and other non-major viruses, such as those in eyes, nose and throat, more frequently than adults. Following thorough infection control practises with child is very important because the respiratory viruses in the throat and nose of children can be in them for days before they start to show any symptoms if illness.
- Contaminated items – People can also be infected by contaminated items like bed sheets, toys, even water and food. Because of this it is very crucial that all the objects are correctly disinfected and cleaned, and all food/water are coming from approved places.
- Bowel Movements – The germs that cause diarrhoea are found in faeces. Water, hands, food, surfaces and objects can be contaminated by bad personal hygiene. Why intestinal contagions are so easily spread is because some germs can live in objects and surfaces from prolonged periods of time. The most effective way of preventing the spread of these germs is by correct hand washing.
- Exposure to blood – Skin acts as a barrier to prevent contact with blood. However, when skin is broken, infections care spread by blood can cause infections, so it is important that whenever any blood and blood like bodily fluids are seen, gloves should be worn during the cleaning process.

6:0 MANAGEMENT OF RISKS: CONTROL MEASURES TO MINIMISE RISK

- Hand washing procedures are encouraged in all aspects of school life – particularly toileting, handling food, soiled or in contact with animals

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- Familiarisation and implementation of this policy
- Knowledge of the spread of infection to minimise source of contamination
- Posters are visible throughout the school promoting respiratory hygiene and cough etiquette – encouraging the use and disposal of tissues from sneezing and coughing
- Posters for hand hygiene in toilets and at hand washing facilities
- School corridors, classrooms, toilets and staff room to be cleansed on a daily basis by professional cleaners
- Individual classrooms – staff are assigned to carry out weekly cleaning of equipment – toys, mats ect
- Hoist and changing beds to be cleaned after each use.

6:1 MANAGEMENT OF RISKS: CONTROLLING SPREAD OF INFECTION

- Staff will encourage pupils to be proactive in their hand washing at all times
- Parents are requested to notify the Teacher if their child has an infectious disease, this will be brought to the attention of the school nurse who will if appropriate issue the relevant note is sent out to parents informing them of the infection and parents are guided to the relevant information site on the disease
- All immunisation programmes delivered by the HSE School Immunisation Team are facilitated within our school
- Any pupil who is ill when they arrive at school or develop symptoms during the day may be sent home. This will be determined by the school nurse using HSE guidance (attached). If determined to be medically safe/suit for school, the teacher can also assess if they are managing in class and can discuss this with the principle.
- Use of latex free gloves for dealing with toileting, in contact with vomit, nasal or eye discharge, first aid – where the skin has broken
- Use of gloves for all hygiene needs for our more vulnerable pupils
- Pupils have their own toilets and these are to be labelled
- All pupils discouraged from sharing water bottles
- Sharps handling and disposal shall be the responsibility of the School Nurse, using the sharps object who will dispose of it in the sharps bin located in the Nurses station. Please see your Needle Stick Injury Policy in the events of a sharps injury occurring in the school
- Food handling where prepared in school. Ensure correct food handling, procedures are adhere to i.e avoid cross contamination between hot and cold foods, all equipment use to be cleaned after use and cleaned between use of raw and cooked foods.
- Teacher shall promote awareness amongst their pupils on the importance of their role in maintaining a clean, safe and supportive environment for their peers.
- The school first aid kits will be checked and restocked by the School Nurse
- Staff and pupils advised to keep update with their vaccinations

7:0 SUMMARY

While we cannot prevent occurrence of infection when can reduced spread and breaks the chain of infection in our school and thereby the wider community

Reference List

An Bord Altranais (2000) Guidance to Nurse and Midwives on the development of Policies Guidelines and Protocols

Nursing and Midwifery Bored Ireland (NMBI) Guidance to Nurse and Midwives on Medication Management (2007)

Au Bord Altranais (2000) The Code Of Practise Conduct for each nurse and midwife
www.nursingboard.ie

Website: www.education.ie/Schools/ManagmentofInfectiondiseaseinschool

Website: www.into.ie/ROI/ManagingChronicHealthConditionsatSchool

Website: www.hse.ie

Website: www.higa.ie

Website:
<https://www.hpsc.ie/az/lifestages/childcare/whenshouldmychildreturntoschoolchildcare/>

Website: <https://www.stonebridge.uk.com/blog/5-facts/5-ways-infections-spread/>

Sample Care Plan and Management Forms as listed

10. Cough and Cover Poster
11. Hand Hygiene Poster
12. HSE When to keep my child home guidance

COVER YOUR COUGH

Stop the spread of germs!

Use a tissue to cover your mouth and nose when you cough or sneeze

Throw your tissue in the waste basket



OR



Cover your cough or sneeze with your inner elbow, *not your hands*


Wash Your Hands

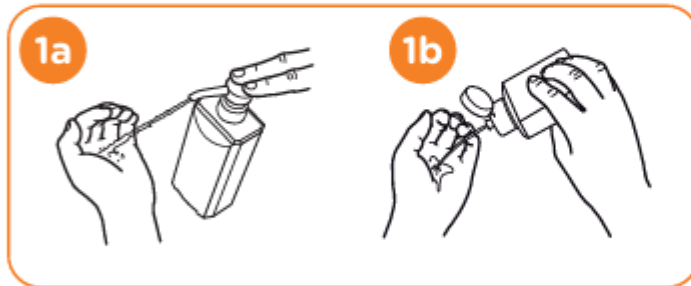


After coughing or sneezing, wash for 20 seconds with soap and warm water or clean with hand sanitizer

How to handrub

Rub hands with hand sanitiser for hand hygiene. Wash hands when visibly dirty.

 Length of time to use handrub: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces



Rub hands palm to palm



Right palm over the back of the left hand with interlaced fingers and do same on other hand



Palm to palm with fingers interlaced



Backs of fingers to opposite palm with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and do same on other hand



Rub in a circle with clasped fingers of right hand in left palm do same on other hand



Once dry, your hands are safe



www.hse.ie/infectioncontrol

WHEN SHOULD MY CHILD RETURN TO SCHOOL/ CHILDCARE?



Building a
Better Health
Service



Building a Better Health Service

Chicken Pox	When scabs are dry	Conjunctivitis	No need to stay out*	Diarrhoea or Vomiting	48 hours after the last episode	Flu	5 days after start of illness	Glandular Fever	No need to stay out*	Threadworms	No need to stay out*
Hand, foot & mouth	No need to stay out*	Head Lice	No need to stay out*	Impetigo	When scabs are dry or 24 hours after starting antibiotics	Measles	4 days after rash appears	Mumps	5 days after swelling appears	Slapped Cheek	No need to stay out*
Scabies	After first treatment	Scarlet Fever	24 hours after starting antibiotics	Slapped Cheek	No need to stay out*	Threadworms	No need to stay out*	Whooping Cough	5 days after starting antibiotics or 21 days after start of illness		

This information is based on the Management of Infectious Diseases in Schools guidance document.

*No need to stay out if child is well but school or childcare provider should be informed.