Document Control Sheet

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The British Embassy School Ankara

Infection Control Policy

This infection control policy should be read in conjunction with the schools' policies as below:

- Health and Safety Policy
- First Aid Policy
- Medical Policy
- Pandemic Influenza Contingency Plan

" **Health protection in schools and other childcare facilities 'A practical guide for staff on managing cases of infectious diseases in schools and other childcare settings.'**

EXCLUSION TABLE FOR INFECTIOUS DISEASES

The following table is to be used in conjunction with the 2010 Health Protection Agency (HPA) orange poster "Guidance on Infection Control in Schools and other Child Care Settings" (hung in the nurses' office). This is intended as an "exclusion at a glance" guide only.

Disease Exclusion from school:

COVID In line with guidance from Turkish Authorities (Currently 7 days reduced to 5 with a -ve PCR test on Day 5)
Chicken pox For 5 days from onset of rash.
Diarrhoea and/or vomiting For 48 hours from last episode of diarrhoea or vomiting.
E.coli O157 48 hours from the last episode of diarrhoea. Longer exclusion may be required for some children.
Food poisoning Until free of symptoms (diarrhoea and/or vomiting) for 48 hours.
Flu Until recovered.
Hepatitis A For 7 days from onset of jaundice (or seven days after symptom onset if no jaundice)
Impetigo Until lesions are crusted or healed or 48 hours after commencing antibiotic treatment
Measles For 4 days from onset of rash.
Mumps For 5 days from onset of swelling.
Ringworm Exclusion not usually required.
Rubella For 6 days from onset of rash.
Scabies Child can return after first treatment has commenced.
Scarlet Fever For 24 hours after commencing antibiotics.
Shigella (dysentery) For 48 hours from last episode of diarrhoea or vomiting. Longer exclusion may be required for some children.
Tuberculosis For two weeks after treatment has started. Contact Turkish Ministry of Health for further advice.
Typhoid (and paratyphoid) For 48 hours from last episode of diarrhoea or vomiting. Longer exclusion may be required for some children.
Whooping Cough For 5 days from commencing antibiotic treatment

For information on other communicable diseases, and exclusion periods from school, go to 'HPA; Guidance on Infection Control in Schools and other ChildCare Settings'.

1. INFECTION CONTROL PRINCIPLES

1.1 **Infection Control (IC)** refers to the different methods and strategies used to:
- Reduce or remove the source of infection

• Reduce or prevent the spread of infection

This can be achieved in part by the use of standard infection control precautions. Examples are as follows:

- Hand hygiene
- Protective clothing
- Safe disposal of waste
- Safe handling of sharp instruments
- Cleaning, disinfection and sterilisation
- Correct management of blood and body fluids

It is important to ensure that staff are aware of this policy and receive appropriate training.

2. PREVENTION OF BLOOD BORNE INFECTION IN SCHOOLS

2.1 Some infections can be transmitted through significant exposure to others' blood or body fluids. This exposure can occur by a variety of ways, for example:

- if skin is pierced with a sharp object contaminated with another person's blood or body fluid
- via bites, and splashes of blood and body fluids to the eyes, nose, mouth or broken skin.

2.2 The three most important infections transmitted in this way are hepatitis B, hepatitis C and HIV, all of which can cause severe or fatal illnesses. There is no evidence that blood borne infections can be transmitted if blood or body fluids fall on intact skin, or if an infected person coughs or sneezes near others. Similarly, skin contact, shared use of facilities such as toilets, water fountains or telephones, sharing glasses, plates and cutlery, or swimming in a pool do not pose any risk of these infections. Individuals may be unaware of their diagnosis or have no symptoms. It is, therefore, important that ALL blood and body fluids are treated as potentially infectious and that standard infection control precautions are followed when dealing with blood and body fluids in all circumstances. Additional precautions are not usually necessary when dealing with children who are known to have such infections and confidentiality must be maintained at all times.

2.3 Actions to follow to prevent blood-borne infections:

- Wear protective clothing when dealing with blood and body fluids
- Cover all cuts and grazes with waterproof dressings
- Ensure that all clinical waste, including sanitary towels, is disposed of properly. (See Clinical Waste section)
- Ensure that razors, toothbrushes or other implements that could become contaminated with blood or body fluids are not shared.
- Ensure that syringes, lancets and needles are single use and are disposed of properly (see Section on Sharps Injuries). Never re-sheath or re-use needles, lancets or other sharps
- Ensure that guidance on sharps injuries and spillages is followed.
- Include children with hepatitis B, hepatitis C or HIV infections in all school activities. No precautions, other than standard infection control precautions, are necessary in relation to these children.
- Ensure that the need for hepatitis B vaccination for staff and children is assessed at a local level.
- Ensure that in situations where blood or other body fluids may be spilt, or where sharps are handled that open footwear is not worn.

2.4 BLOOD AND BODY FLUID SPILLAGES

2.5 It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately, as they can pose a risk of transmission of infection and disease. The Head teacher should ensure that procedures are in place to deal with spillages immediately.

2.6 If a spillage occurs:

- Cordon off the area where the spillage has occurred
- Cover cuts and abrasions on any areas of the skin with a waterproof dressing
- Use personal protective equipment (such as gloves and apron) to protect body and clothing. Disposable gloves and apron must be worn. Facemasks and eye protection should be worn if there is a risk of blood/body

fluid splashes to the face or facial contact with contaminated debris.

• Carefully dispose of any broken glass or sharp instruments, using a disposable scoop (or cardboard), without touching them directly with hands. Discard into a sharps container (in nurse's office)

• Use disposable equipment when cleaning spillages and dispose of as clinical waste, re-usable cloths and mops should **not** be used

• Discard items that cannot be cleaned or decontaminated

• Wash hands after removing PPE and dry thoroughly

2.7 The Control of Substances Hazardous to Health Regulations 2002 (COSHH) must be adhered to for all hazardous substances used at work – including bleach and other chemicals (www.hse.gov.uk/coshh). PPE (e.g. gloves and aprons) should be worn when handling bleach. Contact with skin, eyes and mouth should be avoided. Bleach should be used in a well ventilated area and not used on urine, carpets, soft furnishings, or metal or wooden surfaces.

2.8 A suitable disinfectant must be used to kill the viruses and bacteria that may be present in blood and fluid spillages, Household bleach (hypochlorite) can be used at the correct concentration or other chlorine-releasing agents (e.g. in the form of granules) to achieve this. As with other chemicals, bleach should be stored, handled and used in accordance with the manufacturer's instructions. Product data sheets and instructions should be accessible, with details of measures required in the event of accidental ingestion, inhalation or contact with skin or eyes. All chemicals must be stored in their original containers, in a cool, dry, well ventilated place that is lockable and inaccessible to children/visitors/public.

2.9 Procedure to follow for blood or blood stained body fluid spills:

• Wear disposable gloves and disposable apron, and face protection if required

• Place disposable paper towels on blood spillage to mop up excess and then dispose in a clinical waste bag

• Pour bleach solution (10,000 parts per million or a one in ten dilution of household bleach) on top of spillage area and leave for at least two minutes.

• Alternatively, use chlorine granules found in spillage kits or another product proven to kill blood borne viruses and use as directed by the manufacturers

• Use paper towels to wipe up the bleach and spillage and then discard into clinical waste bag

•Using disposable paper towels wash the area with water and detergent and dry thoroughly. Discard paper towels into clinical waste bag.

• Discard gloves and apron and other protective clothing used into a clinical waste bag

• Mops used to clean up body fluids should be cleaned in a sink used solely for cleaning equipment (not a kitchen sink), rinsed with a disinfectant solution and dried

• Wash and dry hands thoroughly

• Record and report the incident

If the spill is on soft furnishings or carpets, bleach should not be used. Detergent and water should be used to clean the spill and dry as soon as possible. Steam cleaning the area as soon as possible is also recommended as microorganisms may still be present.

2.10 If blood spillage has already dried:

• Apply chlorine granules/ bleach solution to a wet paper towel & clean spillage area

• Discard waste as above

Blood spills on clothing:

• Wear gloves to handle soiled clothing

• Remove affected clothing and put in a plastic bag for parent/carer/member of staff to wash at home

• If able to wash on site, wash clothes as soon as possible in a cool wash, followed by the hottest wash cycle that the garments will stand

• Always use gloves to remove soiled clothing from bag

• Do not soak or manually rinse garments first

• Discard the bag in a yellow clinical waste bag

• If children's clothing is soiled, place directly and tie/seal plastic bag for parents to collect

2.11 Body fluid spillages

- Wear disposable gloves and disposable apron, and facial protection if required
- Remove any spills (e.g. faeces, vomit) immediately from the area, using paper towels. Using disposable cloths/paper towels, clean and disinfect the surrounding area using hot water and detergent, then dry. Please note that certain disinfectants may damage soft furnishings and carpet and therefore should not be used on these surfaces
- If necessary, use a suitable disinfectant
- Discard all waste (e.g. used cloths, paper towels, gloves and aprons) as clinical waste
- Wash and dry hands thoroughly

3. BITES

3.1 Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections. Animal bites can also transmit infection. If the bite has punctured the skin then there can be a risk of infection from bacteria, such as Staphylococcus aureus and viruses such as hepatitis B, hepatitis C and HIV. To reduce the risk of infection, treatment may be needed for the biter and recipient such as antibiotics or tetanus immunisations. Medical attention and advice must be sought for all bites. There is a risk of a blood borne virus, such as hepatitis B or HIV, being transmitted if the skin is broken and the risk is higher if there is blood in the biter's saliva.

3.2 Action to be taken in the event of a bite:

- Clean the wound thoroughly under copious amounts of running water and gently encourage bleeding
- Cover with a waterproof dressing
- Seek medical attention without delay if the skin is broken
- Refer to the following sections on prevention of blood borne infections in schools, especially the information on sharps injuries

4. SHARPS INJURIES AND OTHER POTENTIAL EXPOSURES TO BLOOD BORNE VIRUSES

4.1 Any break in the skin caused by a sharp object contaminated with blood or body fluids, bites and splashes of blood or body fluids into eyes, nose, mouth or broken skin are all a potential source of exposure to blood borne viruses (BBVs), such as Hepatitis B or HIV. There is no evidence that blood borne viruses can be transmitted by blood contamination of intact skin. The risk of acquiring BBVs in schools or through occupational exposure is low. However, exposure to known or suspected BBV infected material is always stressful and risks should be minimised. As not all people with BBVs will be diagnosed, all blood and body fluids should be regarded as potentially infectious and standard precautions taken.

4.2 Action to be taken to prevent a sharps injury:

- Ensure that all used syringes, needles, lancets and sharp objects are discarded in a sharps container immediately, at the point of use
- Ensure that sharps containers are labelled and disposed of correctly (through incineration at Duzen Laboratory)
- Avoid sharp injuries by careful handling and management of any sharp items
- Follow the proper procedure if a needle stick injury or other exposure does occur (see flow chart)

4.3 The following should never be attempted:

X Attempt to retrieve discarded syringes or other contaminated sharp objects which are not in view. Do not feel with your hands for needles and sharp objects

X Attempt to replace a needle's protective cover (sheath). Re-sheathing is the most common cause of needle stick injuries

X Pass an exposed sharp to another person

X Try to manipulate/remove a needle/other sharp from its holding implement with your hands. Utilise blade removal devices

X Overfill sharps containers

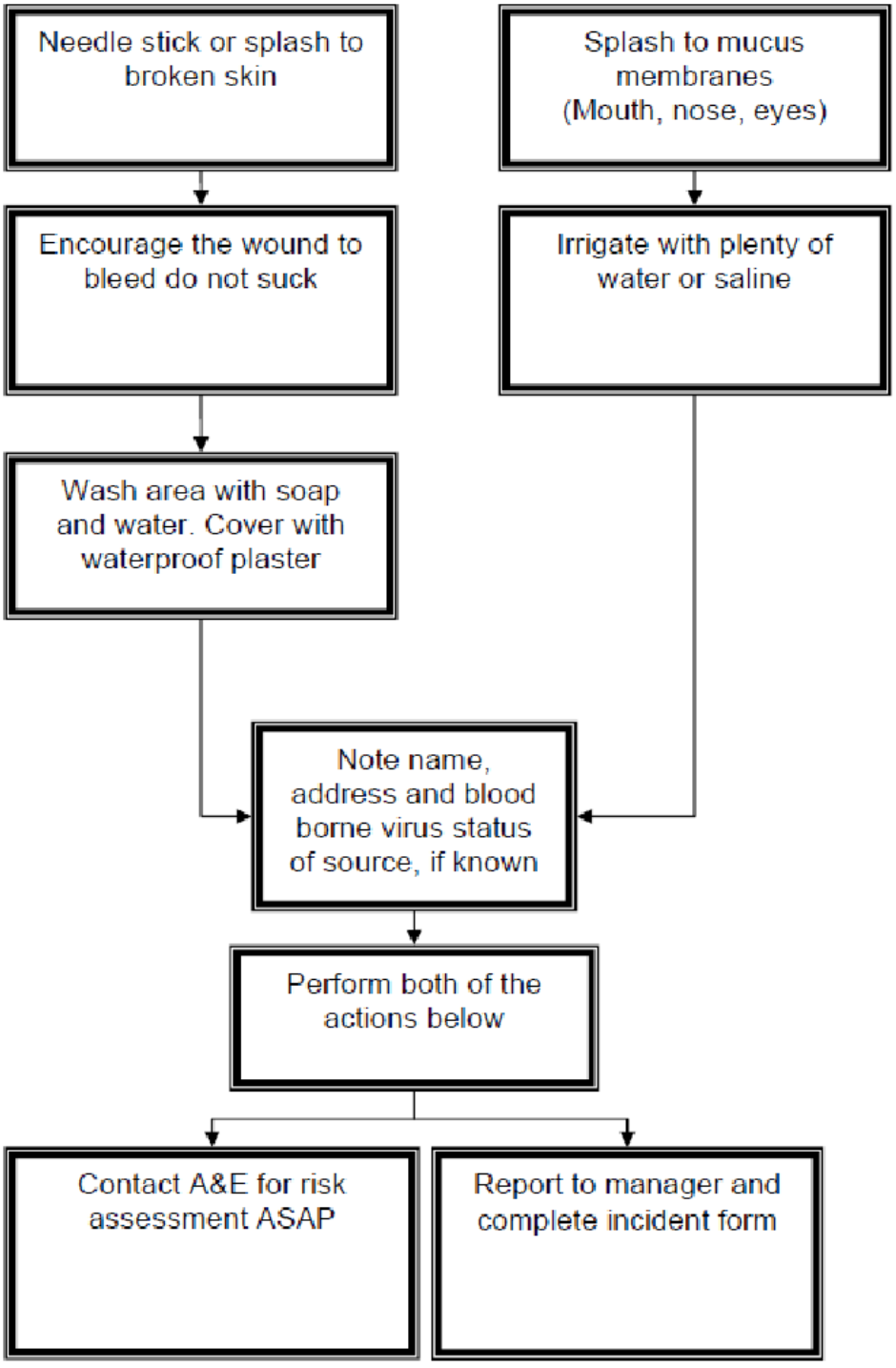
4.4 A sharp injury/contamination incident includes:

• Inoculation of blood by a needle or other 'sharp'
• Contamination of broken skin with blood
• Blood splashes to mucous membrane e.g. eyes or mouth
• Swallowing a person's blood e.g. after mouth to mouth resuscitation
• Contamination where clothes have been soaked by blood
• Human bites that puncture the skin

4.5 What to do in the event of a sharps injury/contamination event:
• Immediately stop what you are doing, if it is safe to do so, and attend the injury
• Wash under running water and encourage bleeding of the wound using gentle pressure - but do not suck
• Dry and apply a waterproof dressing if necessary.
• Irrigate eye or mouth splashes with copious amounts of saline or cold water
• If body fluids get into your mouth, do not swallow - rinse out several times with cold water.

After carrying out the above steps, report incident to the manager and **request advice on follow-up steps from local hospital** for risk assessment and medical advice.
The following should be carried out as soon as possible after the event:
• Report the incident to the headteacher
• Complete an accident form
• Seek help to initiate an investigation into the cause of the incident

Risk assessment and management following exposure to blood/body fluids



5. HAND WASHING

5.1 Hand washing is the single most important means of controlling the spread of infection. Hands are the most common way in which microorganisms, particularly bacteria are transported. Failure to wash and dry hands thoroughly before and/or after certain activities, such as after using the toilet and before preparing and eating food, provides the means by which many infections spread. This can potentially lead to serious consequences.

5.2 Soap dispensers
Liquid soap is recommended as bar soap can become contaminated with microorganisms. Soap dispensers should be wall mounted, maintained regularly and have individual replacement cartridges that are discarded when empty.

5.3 Drying hands
Disposable paper towels are recommended for drying hands, as reusable damp towels can harbour microorganisms and re-contaminate hands. Drying hands thoroughly after washing is important as wet surfaces transfer microorganisms more effectively than dry ones and it is thought that paper towels rub away more organisms that are loosely attached to hands. Ineffective drying can also lead to skin damage.

5.4 Facilities
Facilities in school should include:
• Dedicated wash hand basins (not sinks used for food preparation)
• Adequate supplies of liquid soap and paper towels,
• Comfortable water temperature
• Adequate numbers of sinks at appropriate heights

5.5 Method
Thorough hand washing with soap and water is sufficient to remove organisms for most routine daily activities. Hands should be washed using the following method:

• Wet hands under tepid running water
• Apply a liquid soap
• Ensure the soap comes into contact with **all** the surfaces of the hand
• Rub hands together vigorously for a **minimum** of 20 seconds, paying particular attention to tips of fingers, thumbs, and between fingers.
• Rinse hands thoroughly under running water
• Dry hands thoroughly with good quality disposable paper towels
• Turn the tap off. Try to avoid touching the tap directly, as there is a risk of recontamination

5.6 Additional points:
• Waste bins should be foot operated so that hands do not become contaminated when disposing of paper towels
• Children may not know how to wash their hands and may need to be shown
• Nails should be kept short and free of nail polish in all staff involved in food preparation
• Cuts and abrasions should be covered with waterproof dressings.
• Ideally, all wrist and hand jewellery should be removed

5.7 Situations where hand washing is recommended:
• Whenever visibly dirty
• After using the toilet
• After touching any potentially contaminated surface (e.g. drains, cleaning cloths/equipment, waste)
• After sneezing/blowing nose
• After touching animals and/or their cages, feeding utensils, toys
• After contact with blood/body fluids (e.g. faeces, vomit)
• Before handling food/drink and after handling raw food (e.g. chicken)
• Before and after toileting/handling potties
• Before and after handling any wounds/dressings

• Before giving or applying any medication, or applying contact lenses
• After removing gloves and/or aprons

As a minimum, hands must be washed before an activity that could introduce an infection to a susceptible site or person, and after an activity that could result in the hands becoming contaminated by microorganisms such as contact with urine or faeces. Children may need to be supervised when hand washing to ensure it is effective, especially in the event of an outbreak of infectious disease.

If a child requires special hand soap for a dermatological reason, such as eczema or dermatitis, then a doctor's letter is required stating the diagnosis, treatment and name of the soap recommended.

6. OUTINGS TO FARMS AND ZOOS

6.1 There are a number of diseases that can be passed on to staff and pupils from infected animals. Organisms such as campylobacter, salmonella and cryptosporidium can be present in farm animals. Animals naturally carry a range of microorganisms and some, such as the verocytotoxin-producing bacterium Escherichia coli O157 (E coli O157) present a serious hazard and can cause severe or fatal illness. Organisms can survive for a long time in animal faeces and in soil and if accidentally ingested, can cause disease. Potential hazards include contact with animal faeces or items and surfaces contaminated with faeces, contact with animal feed, raw milk, or untreated water and putting fingers into animals' mouths. Infection is usually acquired by eating contaminated material, putting contaminated fingers in mouths or by eating without washing hands.
If visits to farms or zoos do take place, a few general precautions and advice will help minimise the risk of children becoming ill. It is very important that children are advised on hygiene before the visit and are **constantly supervised** at the farm or zoo.

6.2 Guidance on preventing illness at farms can be obtained from www.face-online.org.uk/Codeof Practice and Download the teachers supplement

6.3 Sheep can carry particular infections such as chlamydiosis, toxoplasmosis and listeriosis, which pose a risk for pregnant women and their unborn babies. Although not common, advice about these disease/risks should be made clear to pregnant staff/supervisors who should be discouraged from visiting farms during the lambing season. Further advice on risks to health during pregnancy
can be obtained from: www.direct.gov.uk/ .

6.4 Actions to take on outings to farms and zoos:

Before the visit

- The trip organiser should ensure that the farm facilities meet the recommendations, such as adequate hand washing facilities and designated eating areas away from animals. This should be confirmed on the risk assessment.
- The ratio of pupils to teachers/assistants/parents should be, according to 'trip policy' guidelines.
- Depending on the level of supervision, it may be necessary to avoid direct contact with the animals for children less than eight years.
- Discuss with pupils the rules for the visit. Stress that they must not touch food, eat, drink, chew or put fingers in their mouths anywhere except in designated eating areas after washing hands (in particular not near areas where animals are housed, or where there is animal bedding or foodstuffs), due to risk of infection. They must not eat or chew anything that has fallen to the ground (e.g. food, toys, pens). Ensure pupils understand that they must listen to information and instructions given by staff.
- Make sure pupils wear appropriate clothing, including sturdy outdoor shoes (not sandals) or wellington boots if possible
- Check that cuts, grazes, etc. are covered with a waterproof dressing

During and after the visit

- Ensure pupils do not kiss or have facial contact with the animals

- Make sure hands are thoroughly washed:
- after handling animals (or their excretions or equipment)
- before and after eating or drinking
- before leaving the farm/zoo
- Alcohol cleansing gel should be carried in all First Aid bags on school trips as a back-up to hand washing with soap and water

Only allow eating and drinking in the designated eating areas, after thorough hand washing/cleansing. Hand washing should be supervised. Allow plenty of time for eating/leaving so everyone can wash hands properly.

- Discourage children from sucking their fingers or putting pens, pencils or crayons etc. in mouths
- Make sure children only eat food that they have brought with them
- Ensure, where possible, that impervious shoes and outer clothing are worn in wet and muddy pastures or on any land contaminated with animal faeces
- Ensure children remove soiled clothing and wash their hands after the visit. Remember to wash hands after any contact with animal faeces on footwear or clothing. If clothing is contaminated it should be removed, sealed in a plastic bag and taken home to be cleaned in a hot wash
- Clean or change footwear before leaving and wash hands after any contact with footwear or animal faeces. Clean boots and footwear with hot water and detergent to ensure faecal material is removed

If any member of the group shows signs of illness (e.g. sickness or diarrhoea) after a farm or zoo visit, advise them or their parents/carers to visit their doctor and explain the recent contact with animals.

7. PEST CONTROL

7.1 Pests can cause damage to buildings and food and can spread a number of infections. Infections can be transmitted to humans via biting, direct or indirect contact with the pest (or its blood or body fluids), or by consuming food that has been contaminated by the pest.

7.2 Infestations

A wide range of pests may be encountered on school sites, these include:

- Rats
- Mice
- Cockroaches
- Fleas
- Wasps
- Houseflies
- Garden or pharaoh ants
- Insects in dried foods
- Bedbugs
- Pigeons

Ticks

7.3 Pest Control Arrangements

These will be organized/co-ordinated by the BESA Health and Safety Officer in conjunction with the local municipality. Only reputable pest control companies will be approached in these circumstances.

Treatment

The pest control contractor will inspect the area of infestation to determine the appropriate treatment. The contractor will require some information regarding the premises and its usage.

7.4 BESA can reduce risks of an infestation by:

- Keeping the school and grounds clean and tidy and remove rubbish and debris
- Storing/keeping food securely in pest-proof containers
- Checking food and food storage areas for pests
- Ensuring waste bins are pest–proof

• Blocking routes in for pests and ensuring building repairs are carried out quickly (e.g. openings around pipes and drains)
• Ensure that staff are aware of the signs of pests such as droppings, urine stains, chewed items or materials, grease smears, unusual odours, eggs and moulted skins
• Employ a pest control service to carry out regular inspections
• Ensure that those on site know what is happening when pest control measures are put in place
•Ensure that the contractor provides you with information on the baits laid or treatment (substance) applied together with safety advice to be followed. The contractor should leave a workbook or file, recording the baits placed, their numbers, location and material used, or a Safety Sheet recording the treatment applied, i.e. spray treatment. In all cases the contractor must provide the safety advice to be followed
•Ensure that the contractor's advice and guidance is followed and staff, pupils or visitors do not enter the treated area until it is safe to do so
•Ensure that all food work surfaces in an infested or treated area are thoroughly cleaned and disinfected immediately before use
•Ensure that any food that comes into contact with pests and/or their products, baits, treatments, or chemicals is disposed of immediately
•Seek advice from the contractor whenever carpets have been spray treated for infestation of fleas on how long to defer cleaning of those carpets in order for the treatment to be fully effective
•Check the treated area/s regularly and ensure the contractor immediately removes dead pests, droppings and/or contaminated items
•Ensure any baits or other treatment materials are safely removed by the contractor upon cessation of infestation
•Contact the local municipality services if the pests are emanating from property outside the school boundaries, as they may be able to help

8. PROTECTIVE CLOTHING

8.1 Under Health and Safety Legislation, employers are required to ensure the adequate provision of the correct protective clothing for staff. Basic protective clothing is required when dealing with incidents where contact with body fluid or blood is anticipated. It is recommended that single-use, disposable plastic aprons and latex gloves should be worn for tasks where there is a risk of contact with blood or other body fluids, non-intact skin or mucous membranes. This is whether through direct contact with children or contact with contaminated clothing, toys or equipment and applies whether a child is known to have an infection or not. Gloves should be worn when handling any sharp instrument. Eye and face protection is necessary if there is a risk of blood or other body fluids splashing into face or eyes. Natural Rubber Latex (NRL) gloves are currently the material of choice for gloves due to their effectiveness in protecting against blood borne viruses while allowing easy hand movement. Where individuals have allergies and sensitivities to NRL, alternatives such as synthetic vinyl or nitrile, should be made available. All gloves must be powder free. Disposable gloves and aprons must be disposed of after each task into a clinical waste bag, and hands washed afterwards. When removing protective clothing remove gloves first and then aprons. **Never use the same protective clothing for more than one child.**

8.2 Actions:

- Ensure protective clothing is worn when handling blood, or body fluids or chemicals
- Refer to the sections on dealing with blood and body fluids and waste
- Ensure there is a range of glove sizes available
- Whenever possible, ensure protective clothing complies with the requirements of the Personal Protective Equipment Regulations 2002 (indicating that the PPE meets certain basic safety requirements)
- Ensure any alternatives to latex gloves that are used are suitable for the task and have the required protective levels
- Ensure that gloves and aprons are stored in a clean, dry place, readily accessible to staff, but away from children
- Wash hands after removing and disposing of protective clothing

9. STAFF HEALTH

9.1 Children and staff are at risk of contracting infections from each other. Refer to BESA 'Medical Policy' and 'First Aid Policy' in relation to:
• The protection of staff through immunisation
• Training and compliance with health and safety legislation
These policies apply to all staff on site at BESA, whether teacher, teaching assistant or bus/playground monitor.

9.2 Diarrhoea and/or vomiting

Diarrhoea and/or vomiting can be caused by a number of different microorganisms, including viruses, parasites and bacteria. Infections can be spread from person to person (via unwashed hands), especially in children. In general, it is recommended that any staff member with symptoms of diarrhoea and/or vomiting **stay away or be excluded** from the school until they have been symptom free for forty-eight hours and feel well **(48 hour rule)**. Personal hygiene whilst ill should be very strict.

9.3 Pregnant women

Some childhood infections can cause or pose a risk to a pregnant woman or her unborn child. The Health Protection Agency poster guidance (in the Nurse's office) indicates these infections and outlines the actions required if exposure occurs for illnesses such as:
• Chicken pox,
• Rubella (German Measles),
• Slapped cheek syndrome (Parvovirus/Fifth Disease)
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947358374

Information can also be found in Section One of this document in the individual disease guidance. When situations of exposure arise, pregnant workers need to seek advice from their doctor/obstetric team.

Female workers of childbearing age should ensure that they are immune to rubella (German measles) and have a blood test to confirm this, if necessary, as they could be at risk of exposure to infection. Women are advised to seek advice from their doctor regarding any necessity for vaccination before starting work. Chickenpox can affect the unborn child if a woman has not previously had the disease. A pregnant woman who has had contact with chicken pox should promptly see her doctor/obstetric team. A blood test can show whether she is immune. In some cases, an immunoglobulin injection may be required.

9.4 Hepatitis A and B Vaccines

Safe and effective vaccine for the prevention of Hepatitis A & B is available. These vaccinations are compulsory for school staff and students. For Hepatitis B: A primary vaccination course usually consists of three injections over six months (1, 2 and 6 months). Around 2-3 months after the last injection, a blood test for hepatitis antibodies should be done to check that the vaccination has been effective. Vaccination and blood tests can be arranged through local clinics. Both managers and staff members concerned should keep copies of their antibody results following vaccination. For Hepatitis A: a course of 2 injections over the course of 6-12 months is necessary. Immunity is considered to be for life.

9.5 Other immunisations

All staff should be up to date with immunisations according to the immunisation schedule. For the schedule visit: www.immunisation.nhs.uk . Tetanus and diphtheria (Td) vaccine is recommended as a booster every 10 years.

10. SWIMMING AND HYDROTHERAPY POOLS

10.1 Introduction

Swimming and hydrotherapy pools (or Spa pools) have the potential to pass on certain infectious diseases as the water can become contaminated with harmful microorganisms from pool users, or the pool water quality may be inadequate. These risks can be minimised by adopting simple precautions and by ensuring that the pool is managed properly.

10.2 Diseases that can be transmitted

There are essentially two types of contamination; that generated by bathers and that from external sources i.e. atmosphere, surface surrounds and bathing costumes. Contamination generated by bathers comes from:

- Nose – mucus
- Mouth – saliva
- Skin – perspiration, dead skin, sun tan lotion, cosmetics, shampoo and soap residues
- Urine and faecal matter
- Hair

Adequate levels of disinfectant will easily and rapidly kill bacteria and viruses but giardia and cryptosporidium cysts are more resilient and special considerations apply. In some instances smaller hydrotherapy pools may be fitted with filters. Pool filters are not designed to remove bacteria or infections but to make the water in the pool clear. The type of filter fitted will depend on the size and type of pool.

The following intestinal diseases can be a problem in pool water:

- E.coli O157,
- Typhoid fever
- Paratyphoid fever
- Bacillary dysentery

Water that is contaminated with faecal matter from someone who is ill can often lead to an outbreak of diarrhoea if other swimmers swallow the contaminated water. Respiratory diseases such as colds and sore throats can be spread in pools as a result of close contact, or from inadequately treated water. Hydrotherapy (Spa pools) have also been implicated in outbreaks of legionella. Skin infections such as verrucae and ringworm can also be passed on, via contact with others or from pool side or changing room floors.

10.3 Prevention

It is recommended that people do not go swimming if they are suffering from:

- Colds
- Throat infections
- Ear infections
- Gastroenteritis (diarrhoea and vomiting)
- Skin infections
- Skin condition or open wounds

In addition, exclusion from swimming should be for <u>two weeks following the last episode of diarrhoea.</u>
Before swimming it is advised that swimmers take a shower and use the footbath.

Actions:

- Cover verrucae when using pools and changing rooms
- Encourage pupils to have a shower and use the footbath before using the pool
- Encourage pupils to use the toilet before they swim and get out of the pool if they need to go during your swim

11. TOILETS

11.1 Transmission of organisms from toilets is more commonly associated with direct contact with contaminated surfaces of the toilet and the surrounding area by touching the following:

- Toilet handles
- Toilet seats
- Wash hand basin taps
- Door handles
- Waste bins

However, organisms can spray onto other surfaces during flushing. It is therefore essential to check toilet areas regularly throughout the day. Frequency of cleaning and maintenance will depend on how many children use the facilities and whether the children have good toilet habits. Toilets and frequent hand contact sites, as those mentioned above, in the toilet area, should be cleaned and disinfected daily and immediately if found to be soiled when inspected.

11.2 Toilet and wash hand basin facilities
Adequate amounts of absorbent toilet paper, liquid soap and disposable paper towels must be provided at all times so that high levels of hygiene can be maintained.

11.3 Sanitary facilities
Special dustbins for disposable of sanitary towels should be present for all female pupils and staff.
Access to sanitary protection is available from the school Nurse's office.

11.4 Cloths
Cleaning cloths used for toilets should be easily distinguished from cleaning cloths used for cleaning other parts of the school environment. If re-usable cloths **have** to be used, they **must** be decontaminated after each use and at least once a day, and dried immediately (either in the tumble drier or by hanging up). Cloths should ideally be decontaminated by hot machine wash (65°C for at least 10 minutes, or 71°C for at least 3 minutes).

Actions:
- Inspect toilets throughout the day to ensure they are clean
- Teach children to wash their hands thoroughly after using the toilet
- Use disposable cleaning cloths, whenever possible
- Bag and dispose of sanitary waste and wash hands afterwards
- Clean and disinfect toilets and surrounding fixtures/fittings regularly and as necessary
- Wear PPE if you are helping a child to use the toilet if contact with body fluids is anticipated

12. TOYS AND CLASSROOM/SPORTS EQUIPMENT

12.1 Sharing these items between children can be classed as a potential source of infection as they can become contaminated with microorganisms in sufficient numbers to present a risk of infection from:
• Unwashed hands
• Spills of body fluids, or
• By children putting their mouths to them.

Microorganisms can survive on the surface of equipment and toys, which have been implicated as important in the transmission of infection. The following should be considered when selecting and managing toys and equipment from an infection control viewpoint.

12.2 Actions:
- Ensure that all toys and equipment can be easily cleaned
- Ensure that all toys/equipment are checked regularly and replaced if broken/damaged
- Ensure that all toys are cleaned daily if used by very young children or if they put them in their mouths
- Clean older children's toys and larger equipment on a weekly basis
- Immediately clean any toy/equipment that is visibly soiled. Ideally, toys should be washed and disinfected between use by different children.

12.3 Although this practice may be overly cautious and somewhat impractical on a day-to-day basis, keeping toys hygienically clean is an important way to prevent transmission of infections
- Ensure that hard/plastic toys/equipment are cleaned by washing with water and detergent, followed by thorough rinsing and drying. If disinfection is required, use diluted bleach solution and then rinse and dry thoroughly
- Make sure that if items cannot be submerged in water (e.g. fixed items), any visible dirt is removed and surfaces are wiped with disinfectant afterwards

- Wash soft toys daily (if possible) in a washing machine on a hot wash, taking care to follow the manufacturer's washing instructions. Any item that cannot be washed at these high temperatures should be disposed of it becomes contaminated
- Decontaminate or dispose of any toys or equipment that are contaminated with blood/body fluids (see blood and body fluid spillages)
- Keep a written rota of cleaning equipment and toys to ensure they are all regularly cleaned
- Store toys and equipment in clean, washable containers or cupboard.
- They should be stock rotated so that not all are used at once
- Empty water play pools after use, wash with detergent and dry. Likewise paddling pools should be cleaned, dried and stored deflated or inverted
- Clean water play equipment and receptacles with detergent and dry after use
- Securely cover sandpits for protection from animals and keep the sand clean by regular sieving. Sand should be changed regularly (e.g. once a month or more frequently if contamination occurs).
- Consider suspending communal play activities, such as sand and water play and cookery, to help prevent the spread of infections e.g. if there was a diarrhoea and vomiting outbreak.
- Replace soft modelling materials and dough regularly
- Wash hands after handling contaminated toys/equipment
- Wash hands before and after:
- Communal play
- Playing with water
- Sand
- Dough play
- Baking and after playing outside
- Cover any cuts or grazes on hands with a waterproof dressing
- Prevent children taking toys or equipment into the toilet area
- Keep animals/pets away from toys, equipment and play areas
- Discourage staff or pupils from involvement with water activities if they have cuts or grazes that could contaminate the water with blood

Most equipment can be cleaned using neutral detergent and hot water but manufacturers' instructions should be followed. Other equipment that could present potential infection control problems in nurseries are toothbrushes and hair brushes. Such items must not be shared and systems must be put in place to control this.

13. **PANDEMIC INFLUENZA** (see also 'BESA Pandemic Influenza Response Plan')

13.1 Influenza is a familiar winter infection in the UK and around the world. Almost every year new strains of influenza subtypes A and B emerge, giving rise to illness and sometimes death, mainly in older people and in young children. Avian, seasonal and pandemic flu are all quite different. Avian flu is a disease, which mainly affects birds. Seasonal flu refers to viruses that circulate in human population that cause widespread illness each winter. Pandemic influenza is a global disease outbreak that appears when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease can be spread easily from person to person, causes serious illness and has the potential to sweep across the country and around the world in a very short time. It is impossible to say when a pandemic will arrive in Turkey. Intervals between previous pandemics have varied widely from 11 to 42 years and have presented no recognisable pattern. Three influenza pandemics occurred during the last century – 1918-19 (Spanish flu), 1957-58 (Asian flu) and 1968-69 (Hong Kong flu). All affected large numbers of the population, causing many deaths and huge economic and social disruption.

If Pandemic Influenza appears imminent, the Head teacher and School Nurse should liaise with the Turkish Ministry of Health regarding the possibility of school closure, treatment centres, etc: TR **Ministry of Health**, MithatpaĞa Caddesi No: 3, Sıhhiye 06430, Ankara, **TURKEY**. **Phone**: +90 312 585 10 00 (50 Pbx), e-mail: saglik@saglik.gov.tr .

Further reliable information on infectious diseases and pandemic influenza can also be obtained from Professor of Infectious Diseases at Hacettepe University Hospital (Professor Murat Akova): http://www.hospital.hacettepe.edu.tr/Doktor/332 .

More information for school guidelines during a pandemic influenza outbreak can be found at the following websites: http://www.hse.gov.uk/biosafety/diseases/pandemic.htm .

13.2 School closure

General advice given to all sectors is that they continue to operate as normally as possible during a pandemic – but should plan for much higher than normal staff absences and the consequences of this. Schools have been asked to prepare flu pandemic plans as part of their emergency planning and ensure that these are shared with staff and, as appropriate, parents. Children are highly efficient 'spreaders' of respiratory infections, both among themselves and among adults in their families. The head teacher would also decide whether a school should close for other reasons (e.g. lack of staff).

There is some evidence that such infections spread less among children in holiday periods than in term time. Closing schools and other childcare settings for a period of time may significantly reduce the number of children affected. The school should ensure that there are up to date contact details for all children including address, telephone numbers (home, work and mobile) and e-mail as appropriate.

13.3 Training and education

Staff and children should be taught the importance of hand hygiene and encouraged to wash and dry their hands using warm water, liquid soap and disposable paper towels. Covering mouths when coughing and sneezing and the use of tissues is good, as is the correct disposal of dirty tissues into bins. More detailed guidance on pandemic flu planning and how schools and children's services will be affected can be obtained by visiting www.dcsf.gov.uk .

Further advice and guidance can be obtained from the following websites:

www.hpa.org.uk

www.dh.gov.uk

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