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Prepared By:	Pamela Bala (SN)	Approved by:	Mr. Dene Bright (Principal)

1. PURPOSE

Reach British School Infection Prevention and Control Policy provides a set of measures to reduce the spread of illness, through cross infection, in the school.

2. POLICY STATEMENT

- 2.1. This policy covers ways of avoiding infection and communicable diseases, including hand washing, general hygiene and maintaining a clean environment.
- 2.2. The policy should be followed by all members of RBS staff.
- 2.3. It is the policy of Reach British School to provide a happy and healthy environment for every child in our care. We take measures to prevent and minimize the spread of infection in our school.
- 2.4. To help achieve this we work in partnership with parents and carers. In order to protect the health of the children and staff, we will adhere to the following practices in line with current guidelines.

3. SCOPE

To prevent the spread of infections and communicable diseases within the school.

4. TARGET AUDIENCE

The school nurse, teachers, administration staff, classroom assistants, pupils and parents.

5. RESPONSIBILITY

Reach British School management ensures implementation of the policy to include students/patients, their family members/guardians; close contacts and visitors comply with the policy and infection control guidelines in the manual.

6. PROCEDURE

- 6.1.** Hand washing - is one of the most important ways of controlling the spread of infection. The recommended method is the use of liquid soap, warm water and paper towels. The use of non-medicated soap, provided in a soap dispenser is encouraged. Harsher soap which contains antiseptic (unless required under specific circumstances) should not be used as this can make hand very dry and potentially chapped, increasing the risk of infection. Hands should always be washed after using the bathroom, before eating or handling food and after handling animals. All cuts and abrasions should be covered with a water proof dressing.
- 6.2.** Coughing and sneezing - easily spreads infection. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose of the tissue appropriately in a bin.
- 6.3.** Cleaning of body fluid spillage - all spillage of vomit, saliva, nasal and eye discharge, blood and faeces should be cleaned up immediately. Disposable gloves and disposable plastic aprons must be worn. When spillage occurs, clean using a product that combines both a detergent and a disinfectant.
- 6.4.** Vomiting and Diarrhea - in the case of vomiting and diarrhoea, the child should not return to school for 24 hours after the last episode of vomiting or diarrhoea.
- 6.5.** Fever and Other Symptoms - children should not attend school if they have a fever above 38 degrees, a skin rash, vomiting, diarrhoea, a heavy nasal discharge, a sore and inflamed throat, a persistent cough that has not been investigated, and red watery or painful eyes.

If a pupil is absent from school due to fever, they must be fever free for 24hours after the last

dose of antipyretic (fever reducing medication) has been used.

- 6.6.** Wounds - if a child has an infected or oozing wound, it must be covered by a well-sealed dressing.
- 6.7.** Head Lice - are a common contagious infestation in children, particularly those of primary school age. However, the presence of a head lice infestation is not a public health threat. The primary responsibility for the detection and the treatment of head lice lies with the parents of the pupil.

If it is suspected that a child has head lice, they will be sent to the school nurse for examination. In the event that live head louse are found, a letter will be sent to parents advising this. Parents will be asked to take their child from school for appropriate treatment. If only nit's (eggs) are found a letter will be sent home.

The child can return to school once the treatment has been completed. The child should be seen by a member of the medical team prior to returning to class.

A notification will be sent out to parents of pupils in the same year group to advise them to be vigilant to the possibility of head lice. This advisory letter will only be sent out once per academic year for each year group. Over use of an alert letter can lead to the perception that there is a serious 'outbreak' of head lice leading to alarm and unwarranted concern.

A parent's information guideline will be made available for parents to explain about head lice. For more information about the procedure, see Head Lice Policy.

- 6.8.** Chickenpox - children within the school premises suspected to have Chickenpox must be brought to the School Clinic to be examined by the Nurse and make necessary recommendations. Children with symptoms should be excluded from school until all lesions have scabbed over (usually about 5-10 days after rash onset).

The parents will be phoned and asked to take the child home or as advised by the School Nurse. Teacher, Head of Key Stage, Deputy Head Teacher and Headmaster will be notified.

For more details about the procedure, see Chickenpox Policy.

- 6.9.** Mumps - in the case of mumps (parotitis), for all exposures consider the entire group that could have been exposed. That could be the whole school, whole work setting, etc. It is an opportunity to vaccinate susceptibles rather than individual persons. At Reach British School, all children should have documented evidence of receipt of two doses of MMR vaccine with few students on medical or religious exemptions. Do not forget to consider the staff as well.

When mumps is suspected, the child should be brought to the school clinic to be assessed by the school nurse and make necessary recommendations. Exclusion of infected students must be observed to control mumps outbreaks. Susceptible students should also be considered to be excluded when there is an outbreak. For more details about the procedure, see Protocol for Mumps.

- 6.10.** Slapped Cheek Disease or Fifth Disease - do not usually need any treatment. If you have a headache, fever or aches and pains then painkillers such as paracetamol or ibuprofen will help. There is no vaccine or treatment that prevents this infection. Frequent hand washing reduces the risk of this infection being transmitted to other people.

Exclusion is not necessary. There is no benefit of not going to school (or work) if you have this infection, as you are only infectious (able to pass it on) before you develop the rash.

- 6.11.** Conjunctivitis - can result from many causes. These causes include viruses, bacteria, allergens, contact lens use (especially the extended-wear type), chemicals, fungi, and certain diseases.

When conjunctivitis or Pink Eye is suspected, Parents should be contacted, informed of symptoms and advised to see the doctor for confirmations of diagnosis if they haven't already done so. Young children are not necessarily able to adhere to strict hygiene measures and therefore could spread the infection to other children within the school.

The child can return to school 24 hours after the infection has cleared up or once they have had 24 hours of treatment for the conjunctivitis from their doctor. For more details about the procedure, see Conjunctivitis Policy.

6.12. Flu-like Symptoms - those who get flu-like symptoms at school should go home and stay home until at least 24 hours after they no longer have a fever or signs of a fever without the use of fever-reducing medicine. Those who have emergency warning signs should get immediate medical care.

Separate sick students and staff from others until they can be picked up to go home. Infected staff or student will stay at the sick room (separated area) of the school clinic. For further information about the procedure, see Protocol for Influenza.

6.13. Parents will be contacted immediately if a child is found to be a source of infection to other pupils and staff, following assessment by the school medical team. They will be asked to take their child out of school for further assessment.

6.14. Maintaining a clean environment is essential in good infection control. Adequate waste disposal bins should be provided throughout the school. Regular cleaning of non-contaminated surfaces (e.g. table tops, toilet seats...) should take place with standard cleaning solution.

6.15. General and Medical wastes should be discarded separately. General wastes such as papers, plastics, and other materials not contaminated with chemicals and blood are disposed in designated bin for general wastes.

6.16. Medical wastes such as sharps (needles) cotton with blood, cloth, wound dressings and other materials contaminated with blood and chemicals are disposed separately in a designated Medical Waste container to be collected by the Medical Waste Collection contractor.

6.17. Reporting of Notifiable Communicable Diseases, as per HAAD Schools are required to report of communicable diseases and the number of individuals affected. Vaccine-preventable diseases should be reported immediately and appropriate action taken to ensure the protection of other children and adults in the school setting.

7. CROSS REFERENCES

- Association for Professionals in Infection Control and Epidemiology

- Health Authority Abu Dhabi
http://schoolsforhealth.haad.ae/template/haad/pdf/SCHOOL_NURSE_REFRESHER_COURSE17.pdf
- Health Sciences Center, Ambulatory Clinic Policy and Procedure
- Centers for Disease Control and Prevention (<http://www.cdc.gov>)
- HAAD Standards for Reporting of Public Health Statistics
https://haad.ae/HAAD/LinkClick.aspx?fileticket=Lily_JsGiKo%3D&tabid=820