



Infectious Diseases Policy

Introduction:

It is not always possible to identify how infection will be spread therefore precautions to prevent the spread of infection must be followed at all times. These routine procedures are known as Standard Precautions. By following these standard precautions, the chain of infection can be broken and a safe working environment created.

Read this policy in conjunction with first aid Policy and covid addendum to First aid policy.

Rationale:

It is the intention of PRISM Youth Project to be vigilant in relation to the presence of any infectious disease and to ensure that the risk of infection to all staff, students and Service users providers is kept to a minimum by using the standard precautions and ensuring that staff, students, group leaders and parents and/or guardian. We will comply with:

- The Health and Social Care Act 2008;
- The Public Health Regulations;
- The reporting of incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);
- Health and Safety at Work Act 1974;
- The control of Substances Hazardous to Health Regulations (COSHH);
- The Environmental Protection Act;
- Hazardous Waste Regulations.

It is our policy to communicate with staff, students, group leaders and parents and/or guardian, where appropriate, and, where necessary, medical authorities and to take appropriate measures to minimise any spread of infection.

Routes of Infection:

There are a number of routes of infection which may be prevalent in schools where students and staff share close proximity.

- Air-borne transmission: Micro-organisms are spread through the air, coughing or sneezing.
- Direct contact: Micro-organisms are spread from person to person or indirectly with an inanimate object that has been previously contaminated.
- Fecal-oral transmission: spread from hand to mouth through inadequate hand washing after a toilet visit.
- Blood and body fluid transmission: Through an injury which results in broken skin and bleeding.

Standard Precautions of Infection Control:

To fight against infection, general high standards of cleanliness must be observed. Dust kept to a minimum and areas of use thoroughly cleaned on a regular basis.

Toilet areas are checked daily by members of staff to ensure they are clean. The sites are cleaned by daily or three times a week (Mon, Wed, Fri) depending on student numbers.

Hand hygiene is widely acknowledged to be one of the most important ways of controlling the spread of infection. Evidence suggests that many people do not use the most effective technique when washing hands.

After hand washing it is important that hands are dried thoroughly as wet surfaces transfer organisms more effectively than dry ones. In the student's toilets we have access to paper towels, which are regularly checked to ensure that they are in good working order. All toilets have signs highlighting how to wash hands thoroughly.

Disposal of Potentially Infectious Waste:

Injuries on site usually consist of minor injuries and do not generate hazardous waste. Any offensive waste at school is double bagged and placed in the sanitary bins.

Offensive waste includes:

- Nasal secretions;
- Faeces;
- Urine;
- Vomit;
- Sputum

There is no cleaner on the premises for most of the day; but it would be unrealistic to leave human waste around.

Cleaning equipment is to be found in the store cupboard in the female toilet, the key for which is kept in Reception.

Achieving and Maintaining a Clean Environment:

An unclean environment is one of the factors which may contribute to the spread of infection. High standards of cleanliness together with good cleaning routines and techniques will help reduce the risk of cross-infection. At the end of the year a deep clean is carried by a company.

Personal Protective Equipment (PPE):

Personal protective equipment is used to protect staff from the risk of cross infection when dealing with waste. Disposable gloves (latex free) are in the office, and Body Fluid Disposal Kits are available in the first aid room. Gloves and aprons must be disposed of after use by double bagging and placing in the outside bin.

Medical Conditions:

Students, group leaders, parents and/or guardian are asked to inform us of any pre-

existing medical conditions when a student enrolls at the school. These details are logged on our database system and shared with appropriate staff.

Procedure for dealing with suspected infectious disease:

In the event of a member of staff suspecting any form of infection, a member of management will be informed and they will consult the official list of infectious diseases and their symptoms in an attempt to identify the condition.

Where a common infectious ailment such as chicken pox is identified or where concern persists without identification of the infection, immediate medical assistance will be sought and where appropriate, parents and/or guardian will be contacted by telephone.

Whenever confirmation is made of any infectious disease it will be the school's policy to take direction on exclusion from the official chart of infectious diseases, or in cases of doubt, after consulting the medical services.

General Guidance on Infections

Infection	Incubation Period	Infectious Period	Restrictions/ Exclusions	Additional Information
Chickenpox	15-18 days	From 1-5 days after the appearance of the rash	Exclude for 5 days from the onset of the rash	If a pregnant woman has not had chickenpox and is exposed to the virus they should contact their doctor promptly
Shingles	This is a re-activation of the chickenpox virus	Infectious only if lesions are exposed	Only people who have had chickenpox can get shingles	
Conjunctivitis (viral or bacterial)		Infectious period is when the eye is inflamed	2 days or until the eyes stop running	Good hygiene needed to stop the spread
Slapped cheek syndrome (parvovirus)	5-7 days	From 7-14 days after initial contact	Until clinically well	Pregnant women should inform their Doctor
German Measles (Rubella)	14-21 days	From a few days before to 5 days after the onset of the rash	5 days from the onset of the rash	Pregnant women should promptly seek advice from their Doctor
Glandular Fever	33-49 days	Once the symptoms have subsided there is little risk apart from close contact	Until clinically well	
Hand, Foot & Mouth	3-7 days	1 day before to a few days after the onset of the symptoms	Until clinically well (The rash does not indicate infectivity)	
Hepatitis A	2-6 weeks	From 7-14 days before to 7 days after the onset of symptoms	7 days from the onset of jaundice and when clinically well with no symptoms	
Influenza	1-5 days	Up to 7 days in children, 3-5 days in adults	Until clinically well	Some vulnerable groups may be immunised

Meningitis/ Septicemia	2-10 days (with 5 being more common)	Whilst the organism is present at the back of the throat and nose	Until clinically well	Contacts should not be excluded but will receive antibiotics
Meningitis (Meningococcal)	Varies	Varies (medical advice)	Until clinically well	
Mumps	12-21 days	From a few days before the onset of symptoms to the subsidence of the swelling	Until the swelling has subsided or for 5 days from the onset of the swollen glands	
Scarlet Fever	2-5 days	Whilst the organism is at the back of the throat and nose	5 days after the commencement of the antibiotic treatment	
Sickness and diarrhoea	Varies	Up to 48 hours after vomiting stops	At least 48 hours	
Tonsillitis	Varies	Varies	Until clinically well	
Tuberculosis	Varies	Whilst the organism is present	Consultant in communicable disease control will advise	Health & Safety Unit must be advised of any cases
Whooping Cough	10-14 days	7 days after exposure to 21 days after the onset of the cough	5 days after the commencement of the antibiotic treatment or 21 days if no treatment	
Worms	Varies	Until worms are treated		Close family members will also require treatment

Headlice	Eggs hatch after 5 days and reach maturity in 8-10 days	As long as the lice remain alive	Exclusion is not an option. Treatment should be administered as soon as possible	Head to head contact of 1 minute is long enough for lice to be passed on. Examination and treatment of the whole family is required
Impetigo	4-10 days but can occur several months after colonisation	Whilst lesion remains moist	Until lesions have crusted or healed. Treatment is rapidly effective	
Moluscum Contagiosum	7 days to 6 months	Unknown but probably as long as lesions last	No exclusion necessary	
Ringworm (scalp)	10-14 days	As long as lesions are present	Exclude until treatment has commenced. Treatment usually lasts for several weeks	
Ringworm (Body)	4-10 days	As long as lesions are present	As long as lesions are present	
Roseola	10 days average		No exclusion needed	
Scabies	2-6 weeks	Until treated	Excluded until the first day of treatment	Skin to skin contact will transfer the mites
Verrucae	2-3 months	As long as lesion is visible	PE & swimming may continue provided the lesions are covered with a waterproof plaster	

The information in the table above is by no means comprehensive. When in doubt a Doctor should always be contacted for up to date advice.