

Communicable Diseases Policy



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1 Introduction

The Health and Safety at Work Act 1974, the COSHH Regulations 1994 (as amended 2002) and the Management of Health & Safety at Work Regulations 1999 require schools to assess and manage the risk of communicable diseases.

This policy provides an overview of the more common communicable diseases including their incubation period, routes of transmission and period of communicability.

2 Responsibilities

2.1 Headteacher

- Ensure this policy is communicated to staff.
- Ensure that occupational risk assessments identify whether or not a task or occupational group concerned is likely to be at risk from communicable diseases.
- Take action to protect employees by minimising the risk. Records of risk assessments must be kept and any actions identified should be shared with the relevant staff.

2.2 Employees

- Employees have a responsibility for their own health and safety and that of their colleagues. As such they should understand the local procedures designed to protect both themselves and their colleagues from the risk of contracting a communicable disease.

3 Common Communicable Diseases

3.1 Chickenpox

A viral infection which may be serious in adults. The disease may be hazardous to pregnant women. Pregnant staff coming into contact with chickenpox should take the following action:

1. If they are certain that they have had chickenpox previously - no action is necessary.
2. If they are certain that they have not had chickenpox or cannot recall having had the virus, they should seek advice from their general practitioner.

3.2 Gastro-Intestinal Infections

3.2.1 Bacterial Gastro Enteritis

Salmonella is the most common form of food poisoning and is caused by bacteria infected food.

- Children may return to school once the diarrhoea has stopped and they have formed motions.
- Where personal hygiene standards are likely to be lessened e.g. younger infant school pupils, who cannot be supervised whilst washing their hands after using the toilet.
- Children with learning difficulties/faecal incontinence.

It is advisable to extend the period of exclusion. More specific guidance on time period of exclusion is available from the Health Protection Authority.

3.2.2 Viral Gastro Enteritis

Transmittable through the faecal-oral route or through droplets from the nose and mouth.

Symptoms are acute diarrhoea and normally persist for 2 to 3 days. Infected children should be excluded from school for at least 2 days after the symptoms have settled.

3.3 German Measles (Rubella)

German Measles is a mild disease but nonetheless highly infectious. The disease can carry a serious risk to the unborn child during the first few months of pregnancy. Female staff of child bearing age should check with their GP as to whether or not they are immune.

3.4 Hepatitis A and E

This disease results in inflammation of the liver. It is a viral infection which may result in jaundice. The main route of transmission is via contaminated faeces and urine. The minimal period of exclusion is 7 days after the onset of jaundice. However the virus may persist for several weeks in stools. It is advised that parents seek advice from their GP before pupils return to school.

Particular care should be taken for those groups mentioned in Section 3.2.1 above. Hepatitis A is reportable under RIDDOR.

3.5 Hepatitis B and C

Hepatitis B is potentially more serious than Hepatitis A. Despite this, 90% of persons contracting Hepatitis B make a full recovery. Approximately 10% of infected persons become carriers. Infection may lead to chronic liver disease and, in the most serious cases, cancer of the liver.

The main routes of infection are:

1. The transmission of blood from an infected person into the bloodstream of another person e.g.
 - By sharing needles;
 - Accidental needle stick injuries
 - Ear piercing, tattooing with contaminated equipment
 - From an infected mother to an unborn child.
2. The entry of infected blood or saliva through broken skin or through the membranes of the eyes and mouth.
3. Through sexual intercourse with an infected person.

The minimal period of exclusion should be decided by the Consultant in Communicable Disease Control (CCDC). Hepatitis B is reportable under RIDDOR.

3.6 HIV/AIDS

Refer to the Department of Education and Science publication “HIV and AIDS – A Guide for the Education Services” (November 1991).

The risk of acquiring the HIV virus in an occupational role is very low. Where children are known to be infected, strict infection control measures should be implemented.

3.7 Meningitis

Meningitis may be of a viral or bacterial origin.

3.7.1 Bacterial Meningitis

Meningococci bacteria cause meningitis and/ or septicaemia (blood poisoning) Septicaemia is the most serious form and is probably responsible for the majority of cases which make the news headlines.

4 Measures for the Control of Infection

Good hygiene practices are the key to minimising the spread of infection:

- Schools must ensure that the toilets and washbasin areas are kept clean.
- An adequate supply of toilet paper should be available.
- Where necessary facilities should be made available for the safe disposal of sanitary waste.

4.1 Personal Hygiene

Hand to mouth contact is one of the main routes for the spread of infections. As such, pupils should be instructed in the following practices:

Hands should be thoroughly cleaned with soap and warm water. Extra care should be taken to ensure that fingernails are cleansed prior to any food preparation activities. Hands should then be rinsed in clean running water and wiped dry with a disposable paper towel.

4.2 Washing Facilities

The following facilities must be available:

- Hot and cold running water
- Soap
- Disposable paper towels.
- Nailbrush (in food preparation areas).

4.3 Cleaning

In order to clean areas including communal areas where outbreaks or vomiting and diarrhea have occurred; a chlorine releasing agent such as Milton type product is required.

For blood spillages, again a chlorine releasing agent is required but this needs to be of a strength that is known to contain sodium hypochlorite solution (1:10,000 ppm), such as sanitaire.

As a general rule when selecting any cleaning products check manufacturer's guidelines to ensure that they are suitable for the intended use and once procured complete a COSHH risk assessment before use.

Cleaning procedures are as follows,

1. Ensure that staff cleaning the area are wearing gloves. Face masks do not provide any level of protection;
2. Take people away from contaminated area until cleaned up;
3. Cordon off area with appropriate signage;
4. Pour the cleaning agent on top and allow to soak (follow manufacturer's instructions);
5. Leave until vomit has been soaked up by the agent and thoroughly clean area; and
6. Once cleaned allow people to return and dispose of any contaminated equipment.

5 Further advice

Further advice over periods of communicability and exclusion can be found on Infection Prevention and Communicable Disease Control Guidance for Early Years and School Settings (Health Protection Agency).

6 References

- The Control of Substances Hazardous to Health Regulations 2002 (COSHH)

7 Review and Evaluation

In order to ensure that this policy continues to be effective and applicable, the program will be reviewed biennially by the Health & Safety Team and relevant stakeholders. Conditions which might warrant a review of the policy on a more frequent basis would include:

- Changes to legislation;
- Employee concern.

Following completion of any review, the program will be revised and/or updated in order to correct any deficiencies. Any changes to the program will be consulted through the relevant stakeholders.

Version Control

Date	Version	Approved by	
Jan 2010	1 guidelines	Health & Safety Team and School Consultation Meeting	Document created
August 2012	2 guidelines	Health & Safety Team	Document reviewed, telephone numbers updated and version control added
October 2013	3 guidelines	Health and Safety Team	Cleaning bodily fluids as a result of advice from Infection Control and Prof Makin.
June 2014	1 policy	Health & Safety Team	Changed to policy after revision of 'Supporting Pupils at School

			with Medical Conditions' DfE guidance.
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