



Infection Control Policy

**Includes specific guidance on supporting staff and pupils
with COVID-19 symptoms.**

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Introduction

Ryefield Primary School Infection Control Policy

**Includes specific guidance on supporting staff and pupils
with COVID-19 symptoms.**

Policy Statement

The school, as an institution, has a duty of health care for all who use the site - children, staff, voluntary 'helpers', contractors and visitors. We seek to promote a healthy environment by establishing practices that reduce the risk of infection or accident and by ensuring an ongoing programme of staff training and child education. Where illness or accident does occur, the school has established systems that are intended to lead to swift and effective treatment.

Below we set out how we seek to carry out this policy. Our document is arranged in the following way:

Responsibilities

Standard Infection Control Precautions (SICP)

General Procedures

Monitoring and Communication

Training and Education

Specific Guidance on Supporting Staff and Pupils with COVID-19 Symptoms.

Sources of Documentation

Responsibilities

Lines of responsibility

Overall responsibility for Health & Safety rests with the Headteacher, which is delegated, for day-to-day management, to the School Operation Officer. At Ryefield Primary School the management of the health care aspect is delegated to the Welfare Officer during the teaching day. Outside actual teaching hours - that is before the beginning of the school day and after school - responsibility lies with the site manager.

Definitions

Throughout this policy we have referred to a Welfare Officer as the primary post holder with responsibility for health care in the school. This term, though in the singular, is taken to apply to both of the current post holders. It should also be taken to apply to any person filling this role on a temporary basis or for a fixed term.

Responsibilities of named individuals

The policy of Ryefield Primary School, in addition to complying with statutory requirements in respect of the provision of First Aiders in the workplace, is to ensure there is, wherever possible, at least one member of staff on site who is able to respond to a health related incident while any child is under the care of the school.

- The Welfare Officers must hold a current First Aid at Work and a Paediatric First Aid qualification.
- There should always be one nursery staff member (not the teacher) present who holds the Paediatric First Aid qualification.
- On EYFS trips there must be at least one adult with Paediatric First Aid qualification.
- On residential trips there must be one member of staff with at least Paediatric First Aid qualification.
- Where there are afterschool sporting activities, we will seek to ensure there is first aid cover to Paediatric First Aid qualification.

The current list of staff who hold the full 'First Aid at Work' certificate are kept in the medical room and school office.

They should be considered the staff best qualified to make decisions relating to health care, especially when responding to emergencies.

The role of the parent

Parents have a responsibility to provide the school with full information about their child's medical needs, including any medicines that their child needs while in the care of the school. This should also include an up to date list of contacts who are available in the event of an emergency.

The duty to 'follow-up'

The Welfare Officer has a duty to look for and express concern over observed patterns. This may take the form of repeated injuries; visits to the medical room by the same child; visits by children from the same class; or incidents of the same type occurring in a number of different individuals. These concerns should be reported to the Headteacher or Deputy. It then becomes the responsibility of the Headteacher or Deputy to follow through.

Liability

Wherever time is not a factor, any incident should be dealt with by trained personnel and the Governing Body and Trust takes full responsibility for the actions of that individual provided they have acted appropriately. Should an incident be an emergency and a member of staff, whether trained or not, responds 'in good faith' and in a reasonable way, in such a situation there is full insurance cover.

Standard Infection Control Precautions (SICP)

Assessment for Infection Risk

The school is reliant on parents and staff members being alert to the signs of infection. Any child, parent, staff member or visitor present with Covid-19 (C-19) like symptoms will not be permitted into the building. Staff will remain vigilant whilst pupils and other adults are in our organisation and under our care. Any adult who is showing symptoms will be sent home and ordered to follow current guidelines around testing and self-isolation, furthermore any child presenting with C-19 symptoms will be moved to the holding pod where they will be isolated until an adult has arrived to collect them.

This assessment should influence your decision on how to proceed with treatment.

Currently the symptoms we can use to determine an infection risk for C-19 are high temperature, a new persistent cough, and a loss of taste and smell.

Hand Hygiene

This is considered the most important SICP when trying to reduce the spread of infection.

Your hands are the part of your body that are most likely to come into contact with people, surfaces and equipment, along with the pathogens that happen to be living there.

Remember viruses are not visible to the naked eye, meaning you will not always know what germs are being harboured on your hands. The school has multiple hand wash stations and each class is also equipped with soap and water. It is vital that staff and pupils regularly decontaminate their hands as quickly and as thoroughly as possible. Young children must ensure they wash their hands more often than usual. They should do so thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered

This helps to protect individuals and anyone else they may come into contact with throughout the day.

Washing your hands properly is an essential part of the school's SICP.

What do we mean by 'Decontamination'?

“the use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infection and the surface or item is rendered safe for handling, use, or disposal”

Respiratory & Cough Hygiene

The aim of respiratory and cough hygiene is to reduce and prevent the risk of cross-transmission of respiratory illness and pathogens such as Covid-19.

Following the rules below will help you to stop the spread of infection through coughs and sneezes.

(Catch it, Bin it, Kill it)

- Cover your nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- Dispose of all of your used tissues quickly into a waste bin
- Wash your hands with liquid soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or anything contaminated by these secretions

- Keep hands contaminated with respiratory secretions (produced during coughing and sneezing) away from your eyes, nose and mouth

Teacher's need to promote respiratory and cough hygiene with their classes too.

Providing tissues, plastic bags for used tissues and hand washing stations will help to minimise transmission.

Any child or adult who presents with a new continuous cough will be sent home (as per the existing control measures) and required to test self-isolate or takes a test to establish if they have the virus.

PPE Personal protective Equipment

Personal protective Equipment is used to prevent or reduce the spread of infection. Government guidance currently states:

'Wearing a face covering or face mask in schools or other education settings is not recommended ... Schools and other education or childcare settings should therefore not require staff, children and learners to wear face coverings. Changing habits, cleaning and hygiene are effective measures in controlling the spread of the virus. Face coverings (or any form of medical mask where instructed to be used for specific clinical reasons) should not be worn in any circumstance by those who may not be able to handle them as directed (for example, young children, or those with special educational needs or disabilities) as it may inadvertently increase the risk of transmission.'

The majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

PPE is only needed in a very small number of cases including:

- *children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way*
- *if a child, young person or other learner becomes unwell with symptoms of coronavirus while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the*

eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn¹

In line with current government guidance, the school continues to assess areas of most likely to grant exposure to infection. In these 'hot zones' PPE will be worn to protect the pupils and staff from the risks. The school's PPE includes, gloves, aprons, eye protection and facemasks.

Safe Management of Equipment

Any equipment you use for healthcare, must be fit for purpose.

When you buy a car, it normally comes with a logbook, service history and receipts of any work it has undergone. The same should apply to your equipment. It is good practice to keep logs of when your equipment was purchased (including manufacturer warranties and quality checks) and any maintenance or servicing documentation that your equipment goes through.

Should anything ever go wrong with the school's equipment, the school have the evidence to prove it has been well maintained and looked after.

Safe Management of Environment

To the naked eye, the school environment might look clean. Floors are polished, windows glisten, rubbish is emptied and there is no obvious dust on the furniture. However, there are millions of potentially dangerous micro-organisms on surfaces such as door handles, toilet seats, rails, linen and tables. In these critical areas, cleaning plays a vital role in reducing the risk of infection.

The cleaning, disinfection and sterilisation of equipment and surfaces are essential for making it safe. The school has established a cleaning schedule that ensures areas are cleaned and sprayed on a regular basis, key areas also receive a mid-day clean, and antiviral disinfectants are used at the end of each day. Furthermore, many soft furnishing and plush toys have been removed from classrooms and learning spaces.

Without these steps, microorganisms such viruses can survive and cause infection.

Safe Disposal of Waste

Any waste the school produces that may contain living microorganisms or their toxins and may have the potential to cause harm or infection in humans, is called hazardous waste.

¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#personal-protective-equipment-ppe-including-face-coverings-and-face-masks>

It is highly likely that staff will need to separate and segregate your waste.

Items like used gloves, aprons, swabs, dressings and other non-sharps that are contaminated will need to be safely disposed of:

Clinical waste: Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Disposal of PPE: An additional member of staff shall support in the removal of PPE. A bag shall be held open in which all of the contaminated PPE equipment shall be placed. The visor/eye protectors will be placed into a bucket of disinfectant. This bag shall be sealed and then placed inside another bag. Before disposal, all PPE waste shall be stored in a dedicated and secure area for 72 hours.

Sharps disposal: Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins

Safe Management of Blood & Bodily Fluids

Spillages of blood and other body fluids may transmit blood borne viruses. Spillages must be decontaminated immediately and responsibilities for the decontamination of blood and body fluid spillages should be clear within each area/care setting.

It is good practice to ensure access to a dedicated blood/bodily fluid spillage kit.

Occupational Exposure

The final standard infection control precaution is occupational safety and exposure.

Occupational exposure happens when you come into contact with a potentially harmful physical, chemical, or biological agent as a result of your job.

Occupational exposure can come from a range of sources in your workplace. Normally they will fit into one of the following 3 categories:

1. Biological exposure
2. Chemical exposure
3. Physical exposure

Note on 'Biological Exposure'

If at any point in your job you are exposed to viruses then you will be instantly be at higher risk of biological exposure. Biological exposure happens if you work with people.

The school has sought to minimise the level of occupational exposure by reducing class sizes, creating sub-classes and hubs across the school. Learning environments promote social distancing via direct instruction and the teacher's space is expected to be a minimum of 2m from the nearest pupil. Within the EYFS, staff have been instructed to adjust their practice to facilitate either long observations, or pupil supervision.

Across the school there are multiple staffrooms, meaning that fewer staff members will come into contact with each other. Furthermore, school leaders stress that any work which can be completed at home needs to be done at home.

General Procedures

Cleanliness

It is the responsibility of the cleaning staff, under the direction of the school keeper, to ensure that the medical room is cleaned to a high standard of hygiene. The Welfare Officer is responsible for monitoring that standard. The Welfare Officer is also responsible for the cleanliness and replenishment of the First Aid kits located across the school site.

During the daily operation of the medical room all bodily fluid must be cleared away thoroughly. Disposable materials must be placed in the bin for that purpose. Special attention must be paid to hands, since these are highly effective vectors for the transmission of disease. While staff may be reluctant to use plastic aprons, gloves, etc. they must be aware of potential health risks if these are not used. For example, school staff would not necessarily be aware of children infected with Aids. If a member of staff has any recent cuts, etc. she/he must cover with a dressing or plaster and use gloves to protect her/himself.

Referral, identification of need, treatment

In the majority of cases a child will be referred to the Welfare Officer in the medical room by a member of staff, though there may be the isolated case of a child reporting him/herself. If appropriate, the name of the referrer may be sought and recorded (see below section).

If a child comes more than once in a week without adult referral or with frequent complaints of a minor nature, this should be discussed with the classteacher, since there may be an underlying reason which might need to be followed up.

The Welfare Officer should ascertain the nature of the need and treat accordingly. A diary entry should be made in every case recording: child's name, time, nature of 'need', action taken, initial of the adult who dealt with incident and the child's class.

Serious 'need' (including sickness or a high temperature) requires immediate notification of the child's parent(s). Lesser cases should involve a short stay (around 5 minutes) and then back to the playground or classroom. All cases of impact involving the head should be notified to parents. A standard letter for this has been produced. In addition, there is a standard letter to notify parents of a visit, for whatever reason, of a child from the Nursery or Reception. Some 'needs' are emotional and the valuable role of the Welfare Officer is acknowledged.

First Aid Kits

First Aid Kits in clearly marked boxes are distributed in various locations around the school as described on the notices displayed in school

They are provided for the use of trained personnel when it is necessary to treat an injury quickly rather than arrange for the child to go to the First Aid Room. Any treatment outside of the Medical Room (whether on or off the school site) needs to be reported to the Welfare Officer as soon as is practicably possible so that a record can be made in writing. This is the responsibility of the member of staff carrying out the treatment or (if

carried out by a third party, e.g. at the swimming pool, on a school trip) by the member of staff responsible for the supervision of the child.

Emergency Procedures

If it is decided to send a child to hospital, school staff will call an ambulance and accompany the child, if the parent/carer is unavailable. The staff member will remain with the child until a parent/carer arrives. If a parent/carer is not available, health professionals are responsible for decisions on medical treatment. The parents will be informed as quickly as possible. It is essential that we have current information about who to contact in an emergency, and this contact must be prepared to take the child home if he or she is unwell.

Monitoring and Communication

Recording

Prior to admission all parents are required to complete a C-19 Home School Agreement. - Entry Form. This includes statements relating to the actions the school, parents and pupils will need to uphold. This signed commitment will reinforce the school's principles on minimising the risk of viral transmission. The agreement also details the parents' and pupils' responsibility everyone has in minimising transmission.

'Visits to the Medical Room'

Visits should to the medical should be kept to a minimum. The school has established a triage system, whereby any child requiring basic medical attention can receive it within their hub. Pupils who require further treatment or are presenting with C-19 like symptoms should be sent to the medical room.

The visits are recorded on SIMS. The child, time, nature of 'need', action taken, initial of the adult who dealt with it and the child's class should be recorded.

Training and Education

Staff training

The school is committed to providing training for staff whenever it is relevant for proper execution of their responsibilities. In relation to health care, it recognises the need for at least one member of staff, whenever possible, to be available and able to administer effective first aid in the case of accident or emergency. It is recognised that such a role cannot be exercised by a single individual. Before the start of each new academic year a review will be carried out by the Welfare Officer, liaising with the School Operations Officer, to ensure that appropriate staff are trained to provide first aid whenever the pupils are under the care of the school, and that there is at least one person able to deputise this function; that there is likely to be one person available to provide first aid after school, especially during sporting activities run by the school, there is at least one trained Paediatric First Aider accompanying overnight school trips.

Pupil education

A significant aspect of health care should be the developing responsibility for personal health care. Though children must report cases of illness and accident, they should gradually become aware of steps they can take for themselves. Around the school there are constant reminders of the importance of good hand hygiene and social distancing. The Welfare Officer will visit each class – especially KS1 and the EYFS - to reinforce basic prevention and treatment issues. She will provide a short talk and then respond to questions. The exact content will be discussed by the Welfare Officer and the class teacher before the class input session. **(see appendix B)**

Avoiding unacceptable practice

Ryefield Primary School understands that the following behaviour is unacceptable:

- Assuming pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.

- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.

Complaints

The Governing body has a complaints policy that sets out how complaints may be made and will be handled.

Sources of Information

Coronavirus (Covid-19): Education and childcare

<https://www.gov.uk/coronavirus/education-and-childcare>

APPENDIX A: HSC Guidance on Infection Control

Guidance on infection control in schools and other childcare settings



March 2017

Prevent the spread of infections by ensuring routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room)** on **0300 555 0119** or

visit www.publichealth.hscni.net or www.gov.uk/government/organisations/public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None.
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice.
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune (i.e. have not had chickenpox). It is spread by very close contact and touch. If further information is required, contact the Duty Room. See: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and/or vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices.
Typhoid* [and paratyphoid] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance.
Shigella* (dysentery)		Please consult the Duty Room for further advice.
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread.
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary.

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room.
Diphtheria*	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen. The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. See: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case, in case of an outbreak it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.
Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Good hygiene practice
Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, e.g. needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites
If a skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals
Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSNI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly and not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see <https://www.hseni.gov.uk/publications/preventing-or-controlling-in-health-animal-contact-visits-to-attractions>

Vulnerable children
Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff* – pregnancy
If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child(ren), rather than the workplace.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations
Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal Infection	One injection
3 months old	Rotavirus	Orally
	Meningococcal B Infection	One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Pneumococcal Infection	One injection
	Meningococcal B Infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal Infection	One injection
Every year from 2 years old up to P7	Hib and meningococcal Infection	One injection
	Meningococcal B Infection	One injection
3 years and 4 months old	Influenza	Nasal spray or injection
	Diphtheria, tetanus, pertussis and polio	One injection
Girls 12 to 13 years old	Measles, mumps and rubella	One injection
	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal Infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collectors/immunisation-against-infectious-disease-the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adopted by the Public Health Agency, 12-22 Linenhall Street, Belfast, BT2 8BS.

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Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

APPENDIX B: COVID-19 Education Guidance



Education guidance

The most important symptoms of coronavirus (COVID-19)



new and continuous cough

or



high temperature

or



loss of, or change in, your normal sense of taste or smell (anosmia)

If **you have symptoms** of coronavirus, you need to **self-isolate for 7 days**
If **you live with someone who has symptoms**, you need to **self-isolate for 14 days** from the day their symptoms started

For most people coronavirus will be a mild illness. However if you have any of the symptoms you should self-isolate at home

Stop the spread of coronavirus



Wash your hands more often and for 20 seconds

Use soap and water or a hand sanitiser when you:

- Get home or into work
- Blow your nose, sneeze or cough
- Eat or handle food



Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze and throw the tissue away straight away



Supervise young children to ensure they wash their hands more often than usual



Posters and lesson plans on general hand hygiene can be found on the eBug website



Clean and disinfect regularly touched objects and surfaces more often than usual using your **standard cleaning products**



Staff, young people and children should stay at home if they are unwell with a new, continuous cough or a high temperature or loss of, or change in, normal sense of taste or smell **to avoid spreading infection to others**

If staff, young people or children become unwell with any of the coronavirus symptoms on site, **they should be sent home**

We are asking schools, colleges, nurseries, childminders and other registered childcare settings **to remain open for children of critical workers and vulnerable children** where they can