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All Wales Infection Prevention and Control Guidance for Education Settings

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The document is aimed to provide best practice guidance with regards the basic infection prevention and control practices required within education settings

Intended audience:

Providers of Education

Interdependencies with other policies:

Supersedes Welsh Assembly Government (2006) *Teach the germs a lesson- infection control guidance for primary and secondary education settings.*

Adapted from Health Protection Agency (South West London Unit) (2010) *Guidelines for the Control of Infection and Communicable Disease in School and Early Years Settings.*

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1. Useful Contact Details

Agency	Contact Number
Health Protection Team, Public Health Wales	
North Wales Mid and West Wales South East Wales (Gwent) South East Wales (Cardiff)	01352 803234 01792 607387 01495 332219 0300 00 300 32
Local Authority Environmental Health Department	
North Wales	
Isle of Anglesey County Council	01248 752820
Conwy County Borough Council	01492 575283
Denbighshire County Council	01824 706405
Flintshire County Council	01352 703386
Gwynedd Council	01766 771000
Wrexham County Borough Council	01978 315752
Mid and West Wales	
Carmarthenshire County Council	01267 228706 / 228939
Bridgend County Council	02920 873823
Powys County Council	0845 602 7037
Pembrokeshire County Council	01437 775631
City and County of Swansea	01792 635640
Neath Port Talbot County Borough Council	01639 685623
Ceredigion County Council	01545 572151
South East Wales	
Rhondda Cynon Taf County Council	01443 425525 / 425575
Merthyr Tydfil Borough Council	01685 725029 / 725260
Cardiff Council	02920 873819 / 873832
Vale of Glamorgan Council	02920 873819 / 873832
Blaenau Gwent County Borough Council	01495 357813 / 355964
Caerphilly County Borough Council	01495 235246 / 235101
Monmouth County Council	01873 735497 / 635701
Newport City Council	01633 851700 / 851719
Torfaen County Borough Council	01633 647261

2. Foreword

These guidelines are intended for education environments in a variety of settings for learners over the age of five years. Additional guidance is available for settings providing day care for children under the age of five years- *Infection prevention and control for childcare settings (0-5 years) nurseries child minders and playgroups All Wales Guidance Public Health Wales 2014: [Infection prevention and control for childcare settings \(0-5 years\) nurseries child minders and playgroups All Wales Guidance Public Health Wales 2014](#)*

A variety of organisms can cause infectious disease and result in absenteeism from education settings. Outbreaks of gastrointestinal illness such as Norovirus can affect large numbers of learners and staff, causing significant disruption to the education setting, impacting upon lost days in education. Serious outbreaks of infection have previously occurred in education environments such as the E-Coli 0157 outbreak in 2005, which resulted in severe illness in learners, staff and their families. Outbreaks and cases of infectious disease represent a burden not only to the unwell child, but to the education establishment, parents, and the community through days lost in education, parents taking time off work and the potential for spread of infection into the wider community. It is therefore important that clear effective guidelines for the prevention and control of infection are in place and implemented within all education establishments.

Members of staff are encouraged to read these guidelines before consulting their local Health Protection/Environmental Health Teams for specific advice.

This guidance will enable education settings to develop infection prevention policies in their own establishment and ensure that staff are aware of guidance and local policies.

This guidance has been approved by both the Communicable Disease and Health and Safety Expert panels in Wales.

3. Introduction

The aim of the guidance is the prevention and control of infectious diseases and their spread within education settings for learners over the age of five years, and the promotion of good infection prevention and control practices for both staff and learners. This guidance replaces *Teach germs a lesson* (Welsh Assembly Government, 2006), and has been adapted from South West London Health Protection Unit document *Guidelines for control of infection and communicable disease in school and early years setting* (South West London Health Protection Unit, 2010).

This guidance provides information on a variety of infection prevention and control issues and their management in education settings. The document is not to be used for the diagnosis of illness but to help inform, advise and direct staff towards best practice and where and when to seek further advice. Education settings can seek specialist advice from the appropriate Health Protection Team (HPT)/ Environmental Health Team within the geographical area of the education setting.

It is important that all staff are aware of this guidance and implement the recommended practices within their education settings.

Please consult with your local HPT prior to sending out information (e.g. letters or text messages) to parents regarding infectious diseases, to ensure that appropriate advice is given.

The HPT also work closely with Local Authorities who have powers under the Health Protection (Notifications) (Wales) Regulations 2010 to request information regarding learners and staff. In addition, the Local Authority has powers to remove affected individuals from settings where necessary to help prevent and control risks to human health from infection or contamination. This collaborative working has been going on for many years and is a vital part of the health service, and the continued support of education settings is greatly appreciated.

4. Roles in health protection

Public Health Wales, Health Protection Team

Public Health Wales, through its local HPT is responsible for assisting Local Authority Proper Officers in the control of communicable disease within the community. Although HPTs will wish to ensure that appropriate infection prevention and control arrangements are in place in local education settings, HPTs are not responsible for providing a routine infection prevention and control service directly.

The local HPT monitors and investigates outbreaks of infectious disease in partnership with local authority colleagues within Environmental Health departments. The HPT provide appropriate infection prevention and control advice to facilitate resolution of outbreaks. The Consultant for Health Protection/Communicable Disease Control (CHP/CCDC) of the local HPT decides if an outbreak is being managed effectively and initiates and co-ordinates further action required to limit further spread. The HPT will advise education settings of any immediate action necessary for infection prevention and control. If the infection is primarily food-borne, the Local Authority's Environmental Health Officer may lead the investigation with the support of the local HPT.

Environmental health officers (EHOs)

Environmental Health Officers work for the local authority and investigate, enforce and advise on a range of health issues in the following key areas: housing, water, noise, air and land pollution, pest control, health and safety at work (including accident and complaint investigation), port health, food safety (including the investigation of food complaints and the inspection of food businesses) and the investigation and management of infectious and communicable disease. EHOs collaborate with the local HPT in the investigation of outbreaks, particularly food, water-borne and person to person infections, and have a range of enforcement powers under health protection legislation to deal with risks to human health from infectious diseases, as well as other biological, chemical and radiological hazards.

School nurses

School nurses are registered nurses who either work in the school community for the Health Board or are employed by individual education settings. The majority of these nurses have an additional specialist community public health qualification. Every primary and secondary school in Wales has a named school nurse who is available to work with learners from the age of five to nineteen years. School nurses provide support and advice to education settings and families on developmental screening and immunisations. They promote positive emotional and physical health for all learners.

5. Sharing of information

The Health Protection Teams at Public Health Wales exist to reduce the impact of infectious disease, and other health hazards while safeguarding the confidentiality of information about individual cases.

Through working closely with health care professionals and multiagency partners, Public Health Wales monitors infections and other causes of illness to gain information regarding the public's health. This collaborative working has been going on for many years and is a vital part of the health service.

Health Protection staff process information and are required to treat personal details in strict confidence. They have the same duty to maintain confidentiality as all health care professionals and deliberate or negligent breaches are disciplinary offences. Individual case reports are shared only with professionals involved in caring for the individual, or those investigating the source of an outbreak. To undertake this role it is normal practice for HPT to ask education settings for assistance in gathering information e.g. case and contact details.

6. Reporting infectious disease outbreaks

A number of specific organisms and diseases are notifiable. This means that the clinician (e.g. doctor) who suspects/diagnoses these specific infections is required by law to report them to the Proper Officer of the Local Authority. CHP/CCDC working in HPT in Wales are appointed as the Proper Officer. So within Wales, any doctor making a diagnosis of a notifiable disease should notify the CHP/CCDC via the local HPT so necessary health protection action(s) can be taken to prevent the spread of the infection. The full list of notifiable diseases is available in [Appendix 1](#).

This formal notification system is very important for the local control of serious infections, but alone it does not always provide enough timely information to help prevent the spread of disease.

To complement this system, education settings are asked to telephone the HPT as soon as possible either to report any serious/unusual illness that is likely to need discussion and advice, or to report cases of any of the following illnesses in staff or learners:

- Higher number of cases of diarrhoea and vomiting than is considered the norm
- Cryptosporidiosis
- E Coli O157
- Food poisoning
- Giardiasis
- Hepatitis A
- Invasive Group A Streptococcal Disease (iGAS)
- Measles
- Meningitis
- Mumps
- Rubella (also called German measles)
- Tuberculosis
- Typhoid or Paratyphoid
- Whooping Cough (also called Pertussis)
- Scarlet Fever

The timely communication between the education setting and HPT is vital both to prevent unnecessary concern amongst learners, parents and staff, and to ensure appropriate health protection actions are taken in a timely manner to reduce spread of disease.

Recording

Accurate recording of illness is of vital importance in the education setting, as it ensures the accurate reporting of cases/outbreaks to the Health Protection Team (HPT) and enables the setting to identify trends of illness. It is recommended that a sickness register for all learners and staff is maintained and updated on a daily basis. The list should record as a minimum:

- Learner / staff name
- Home address
- Home, work and mobile telephone numbers
- Emergency contact numbers
- Symptoms of illness
- Onset of symptoms
- Date absence commenced
- Class or group where the learner/staff member is usually located
- Any action taken to date

In addition, HPT may ask for details of any pupil or staff member that may be considered vulnerable to infection e.g. those on chemotherapy.

Keeping individuals away from settings

To reduce the potential for infections to spread it may be necessary to keep individuals away from settings.

It is therefore extremely important that clear and concise written policies and procedures are available, and are complied with both by learners, parents and staff. Evidence based guidance can be found in [Appendix 2](#) of this document.

The education setting should ensure that there are written policies and procedures in place regarding both the procedure for collection and keeping individuals away from the education setting if an individual becomes ill.

In addition to those illnesses where it is necessary to keep individuals away from establishments, settings should consider how they would manage milder illnesses, with no need for individuals to be kept away. General guidance on a range of illnesses/infections can be found within the NHS Direct (Wales) website found at www.nhsdirect.wales.nhs.uk/

Period to keep individuals away from setting with diarrhoea and vomiting

Diarrhoea and/or vomiting commonly affect learners and staff. Causes of such illnesses can be varied, including viruses, parasites and bacteria. Gastrointestinal infections can be easily spread from person to person.

In general, any staff member or pupil with diarrhoea and/or vomiting symptoms should be kept away from the setting until they have been free of all symptoms for at least 48 hours (the “48 hour rule”) and feel well. Learners who become unwell in an education setting should be isolated from others until collected by parents/guardian. For management of blood and bodily fluid spillages (including vomit/faeces) see [Section 15](#) of this document.

Outbreaks

An outbreak can be defined as either two or more cases of infection linked either by time, place, or person, or an increase in the number of cases of disease normally observed.

Both the local HPT and EHO should be informed by the education setting by telephone as soon as an outbreak of any disease is suspected to enable prompt and appropriate action to be taken to prevent further spread.

Accurate documentation of all individual cases that are thought to be part of an outbreak is vitally important. Staff are advised to ensure that all records are accurate and up to date, an example of an outbreak record form can be found in [Appendix 3](#) of this document.

If further assistance is required please contact your local HPT.

7. How infections are spread

Micro- Organisms (germs)

Germs (e.g. bacteria, viruses, spores etc) live in or on some parts of the body (e.g. skin, mouth, intestinal tract) and are known as the body's normal flora.

Normal skin flora is present on the skin continuously, and is essential for good health. These germs rarely cause infection and are difficult to remove by normal hand hygiene techniques, although the numbers of germs will be reduced by this process.

Not all germs upon our skin are normal flora, many germs are passed on from other people, or the environment, and these germs are known as transient. These do not live permanently on the skin and are readily removed or destroyed by thorough and frequent hand washing. These germs have the ability to cause illness, and so effective and thorough hand washing is vitally important both among staff and learnerlearners alike.

The reservoirs of infection

A reservoir of infection is anything in which a germ normally lives and multiplies. The reservoir typically harbours the germ without injury to itself and serves as a source from which others can be infected. Examples of reservoirs of germs may be people, the environment, equipment, food or animals. For example an individual with diarrhoea may act as a source of infection to others because the germs are present in some faeces and can be passed on to others.

Point of entry

Every germ needs to have an entry point into the human body; different germs have different ways of achieving this. For example, Salmonella bacteria need to enter the body through the mouth. Tuberculosis enters our bodies through the nose and mouth and then passes into the lungs and other parts of the body. Hepatitis B virus can enter the body via the bloodstream or mucous membranes.

Point of exit

As well as needing an entry point, germs also need an exit point. Salmonella bacteria are excreted through faeces. A tuberculosis bacterium uses the same entry and exit point, that is, the lungs, mouth and nose.

Transmission routes (spread of infection)

There are several ways that germs can spread;

- Direct contact with infected people or animals
- Hand to mouth transmission, through either
 - eating/ drinking contaminated food or water
 - germs being carried to the mouth on unwashed hands
- Airborne transmission, through either;
 - a person coughing, sneezing, singing or talking.
 - larger droplet secretions expelled from the nose and mouth can land directly either on people or on environmental surfaces
 - dust particles can carry germs, and if small, can become airborne and settle on others/elsewhere
- Infectious particles from vomit may become airborne in some infections and can be either inhaled and swallowed, or may settle and contaminate surfaces
- Indirect transmission can occur from unwashed hand contact with environmental surfaces, this is then followed by another individual having hand contact with the same surface resulting in the transmission of the germ
- Self infection with the body's own germs
- Insects, pests and animals who harbour germs which may cause infection if transmitted to people (e.g. Salmonella, Ecoli O157)
- Direct person to person transmission through blood and body fluids via cuts/ breaks in the skin or the mucous membranes, through sexual transmission, and mother to baby transmission during pregnancy.

Source

The main sources of infection are from people, the environment, animals and contaminated food/ water.

Management

The purpose of infection prevention and control procedures is to reduce the risk of infection from germs. This can be achieved by;

- Reducing/removing the source of infection
- Vaccinating individuals against specific germs
- Adherence to infection prevention and control policies
- Use of an infection prevention and control check list appropriate for the setting to monitor and document current practices, and also to identify areas for improvement, [Appendix 4](#)
- Promoting and maintaining good hygiene standards and procedures amongst staff and learners
- Promoting sessions in hygiene to educate learners and staff
- Ensuring staff are familiar with local guidelines and procedures for notifying the EHO/HPT of any concerns about communicable diseases and infection control as well as to inform of any outbreaks of disease.

The information that follows focuses on infection prevention and control in education settings for learners over the age of five years. Additional guidance is available for settings providing day care for children under the age of five years-*Infection prevention and control for childcare settings (0-5 years) nurseries child minders and playgroups all Wales guidance. Public Health Wales NHS Trust 2014* [Infection prevention and control for childcare settings \(0-5 years\) nurseries child minders and playgroups All Wales Guidance Public Health Wales 2014](#)

e bug infection information resource for education settings

The e-Bug resource is available to education settings across Wales to provide microbiology and infection prevention and control education materials through a variety of interactive resources. E-bug can be accessed via [E-bug](#)

8. Standard Infection Control Precautions

Standard infection control precautions (SICPs) refer to the different ways in which the source and transmission of infection can be reduced or eliminated. These evidence based precautions should be used at all times, and for all situations in education settings since it is not always evident when infections are present. Examples of SICPs include;

- Effective hand washing
- Use of personal protective clothing
- Safe management and disposal of waste
- Correct handling of laundry
- Decontamination: cleaning and disinfection
- Correct management of spillages of blood and body fluids

In addition to these precautions education settings should have up to date written infection prevention and control policies and procedures, supported by sufficient staff training to ensure effective infection prevention and control standards are maintained.

Also included within this guidance is further information regarding a range of topics with infection prevention and control aspects, including;

- Vaccinations and immunisations
- Pupil/staff health
- Care of classrooms/sports equipment
- Food hygiene and the provision of drinking water in education settings
- Visits to farms and zoos / pets

Advice regarding infection prevention and control is available from either your school nurse or local HPT/EHO.

9. Hand hygiene

Hand hygiene including hand washing and use of alcohol hand rubs is one of the most important ways of preventing the spread of infection. Hands are the most common way in which germs are transported and cause infection. When we touch other people, animals, body fluids, contaminated surfaces, food etc., we can pick up germs on our hands. These germs can then pass into our bodies and cause illness, or spread to other things that we touch (e.g. people, food, surfaces, and equipment).

Failure to wash and dry hands thoroughly before and/or after certain activities (e.g. after using the toilet or before preparing and eating food) provides the means by which many infections spread.

Hand washing is a vital procedure to be undertaken by learners and staff to prevent the spread of germs and therefore reduce the likelihood of illness. It is important that younger learners and those requiring support are shown how and when to wash their hands and are supervised when necessary.

To encourage and facilitate effective hand washing the following points should be considered;

- The provision of hand washing training for staff who are teaching or supervising younger learners or those with special needs
- Supervision of hand washing for younger learners and those with special needs
- Visual prompts such as hand hygiene posters ([Appendix 6](#) and [7](#))
- Sufficient hand wash facilities should be available throughout the education setting for both learners and staff

Sufficient hand washing facilities include;

- Hot and cold running water, (mixer tap and temperature monitoring valve are preferred). These should be checked and maintained
- Wall mounted cartridge liquid soap dispensers (a minimum of one between two hand wash basins) When empty, cartridges should be replaced (soap dispensers should not be topped up or decanted into)

- Dispensers should be kept clean and free from soap build up (undersides and nozzles)
- Disposable paper towels enclosed in a dispenser
although it is recognised that warm air hand dryers may be preferred in an environment where large numbers are accessing facilities they are generally not recommended as;
 - they take longer to dry hands than paper towels
 - people often do not spend long enough using the dryer
 - they only serve one person at a time
- Foot operated bin for used disposable hand towels
- Hand washing poster located by hand wash basin

If improvements are being made to facilities it is preferred that alternative methods for hand drying for example disposable paper towels are made available, Guidance is available on school toilet hygiene: [School Toilets \(2012\): Good Practice Guidance for Education Settings in Wales, Cardiff: Welsh Government.](#)

Do

- ✓ Wash hands under hand hot running water
- ✓ Use liquid soap
- ✓ Dry hands with paper towels
- ✓ Cover cuts and abrasions with waterproof dressings
- ✓ Keep hand wash basins clean, well maintained and with sufficient supplies of liquid soap and paper towels

Do Not

- ✗ Use hand wash basins for any other purpose than hand washing
- ✗ Use bar soap as this can become contaminated with germs when used by multiple individuals
- ✗ Decant/ top up liquid soap in dispensers
- ✗ Use nail brushes
- ✗ Use cloth or roller towels for hand drying due to potential for transmission of germs between individuals

When to hand wash

Hands should be washed whenever they are visibly dirty, and;

After

- Using the toilet
- Assisting learners with toileting
- Removing personal protective equipment (disposable gloves and aprons)
- Contact with blood/body fluids (e.g. faeces, vomit)
- Touching any potentially contaminated surface (e.g. cleaning cloths/equipment, soiled clothing)
- Any cleaning procedure
- Caring for sick learners
- Sneezing/blowing nose where practical
- Dealing with waste
- Playing outside or playing with sand or water
- Touching animals and their associated equipment

Before

- Preparing and serving food or drink
- Eating and drinking

Method

Thorough hand washing with liquid soap and hand hot water is sufficient to remove germs for most routine daily activities. Younger learners may not know how to wash their hands and need to be shown and/or supervised.

How to handwash?

WASH HANDS ONLY WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB!



Source: World Health Organisation

A poster to demonstrate correct hand washing technique can be found in [Appendix 6](#) of this document.

When to use alcohol based hand rubs

Alcohol based hand rubs can be useful for rapid hand decontamination particularly where access to hand washing facilities may be lacking, however it should be remembered that **alcohol hand rubs should never be used to replace effective hand washing.**

Caution should be taken when using alcohol based hand rubs in relation to skin conditions, religion, flammability and ingestion. Local risk assessments should be undertaken and procedures put in place to address each of these issues if alcohol based hand rub is to be used. Caution should also be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls).

It is important to note that alcohol based hand rubs are not cleansing agents to be used instead of hand washing and their activity can be inactivated by dirt/organic matter on hands. Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material (i.e. following the removal of disposable gloves, after touching animals) should be washed with liquid soap and hand-hot running water. .

Further interactive resources can be accessed via [E-bug](#)

Alcohol based hand rubs have limited activity against some germs which cause diarrhoea and vomiting illnesses. Where symptoms of diarrhoea and/or vomiting are present, and suspected to be infectious (e.g. Norovirus) it is important that hand washing is carried out with liquid soap and hand hot water. The use of alcohol based hand rubs should only be used after hand washing.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



Source: World Health Organisation

Coughs and sneezes spread diseases

Everyone should be encouraged to cover their nose and mouth with a disposable tissue, when coughing or sneezing. Once used, the tissue should be disposed of and hands washed. If bare hands are coughed or sneezed into, they should be washed immediately.

Further interactive resources can be accessed via [E-bug](#)



Source: Department of Health

10. Personal Protective Equipment (PPE)

Health and Safety Legislation requires employers to ensure adequate provision of personal protective equipment (PPE) for staff. To provide clarity within this document the term PPE will be used to describe single-use, disposable gloves and disposable plastic aprons. Additionally, when referring to disposable gloves within this document it should be understood that the glove selected is fit for purpose.

PPE is required when carrying out tasks where contact with blood and/or other body fluids is anticipated. Contact can be through contaminated clothing, toys, equipment or surfaces.

Key Points

Single-use, disposable gloves and disposable plastic aprons should be worn for tasks where there is a risk of contact with blood or other body fluids. They should:

- Comply with the European Community Standards (CE marked), to ensure they are fit for purpose
- Not be used for more than one individual
- Changed if undertaking one or more task with the same person.

Before putting on and taking off PPE hands must be thoroughly washed with liquid soap and hand-hot running water.

When should PPE be worn?

Level of contact with blood and body fluids	PPE required
No contact anticipated (for example, social contact)	None
Possible contact e.g. cleaning equipment	Household (marigolds) or disposable gloves and plastic disposable apron
Likely contact e.g. assisting toileting	disposable gloves and plastic disposable apron
Risk of splashing to face (for example, nose bleeds, cleaning up spillages of body fluids e.g. blood, vomit, urine)	disposable gloves and plastic disposable apron consider eye and facial protection i.e. goggles /face mask
Cleaning up blood and bodily fluid spillages	disposable gloves and disposable plastic aprons Blood present: disposable gloves

Do

- ✓ Wear PPE when there is a risk of contact with blood, body fluids, non-intact skin, or risk of splashing to face
- ✓ Wear PPE when handling contaminated items or surfaces and chemicals
- ✓ Ensure there are adequate supplies of appropriate PPE
- ✓ Ensure that disposable gloves available are suitable for the tasks intended and are provided in a range of sizes
- ✓ Ensure that PPE are stored in a clean, dry place, readily accessible and away from direct heat
- ✓ Ensure PPE is disposed of correctly
- ✓ Wash hands with liquid soap and running, hand hot water before and after removal and disposal of PPE.

Do not

- × Use powdered disposable gloves
- × Use latex disposable gloves if an alternative is available
- × Re-use single use PPE
- × Use polythene or plastic disposable gloves.

11. Waste management

Waste can be harmful to health and the environment and should therefore be disposed of in the correct manner. Education settings are likely to produce domestic waste similar to that generated in the home, sanitary waste and potentially hygiene waste such as disposable continence pads. Domestic waste is removed by the Local Authority and sanitary waste by a designated registered company if more than 7kg (approximately one bin bag full) in one collection period.

If hygiene waste generated is less than 7kg in one collection interval then it can be placed in domestic waste for collection. Further national information can be found at the following website <https://www.gov.uk/healthcare-waste>

Sometimes sharps waste may be generated in an education setting e.g. needles. There is potential for blood borne virus transmission through injury from an incorrectly discarded contaminated needle. Where needles are being used they should be disposed of into appropriate sharps containers and never placed in waste bags or bins. Arrangements for collection of sharps waste should be made with local approved waste contractors.

Key points

- All hygiene waste bins should be foot operated, lidded, clean and in good working order
- Waste bins should be lined with an appropriate color coded bag
- A schedule should be in place for the emptying of bins at the end of the day
- Bins should be cleaned according to the specified cleaning schedule
- Disposable gloves and apron should be worn when collecting waste and emptying and cleaning bins
- Disposal of needles/sharps should be into an approved container made to British Standard 7320, which is correctly assembled, labeled with date, name of the premises and signed
- Sharps containers should be available at, or taken to the point of use and disposed of when $\frac{3}{4}$ full
- Local procedure required for exposure injuries, e.g. sharps injury, body fluid splash etc should be in place
- Key staff need training in the safe use and management of sharps.

Do

- ✓ Position bins in locations that are as close to the point of production of waste as possible
- ✓ Ensure staff involved in generating waste receive training on appropriate management and disposal
- ✓ Ensure staff dealing with waste wear the appropriate PPE (single-use disposable gloves and disposable plastic aprons)
- ✓ Ensure staff wash their hands effectively using running hand hot water and liquid soap and dry thoroughly with paper towels after collecting waste and emptying bin
- ✓ Store waste in secure areas not accessible to learners, animals or the public
Store sharps containers safely off floor level but below shoulder height and in areas not accessible to learners and the public

Do not

- ✗ Overfill waste bins and bags
- ✗ Overfill sharps containers, they should be collected when $\frac{3}{4}$ full and never exceed the permissible marked line
- ✗ Dispose of needles in any other type of container other than those which are approved for that purpose

12. Laundry

Soiled linen and clothing can potentially be sources of cross-infection. Appropriate handling of soiled linen is an extremely important infection prevention and control measure.

It is preferable not to launder items within education settings, but if this is considered necessary then the correct facilities and methods are required

Handling linen

In the majority of education settings, laundry services will not be available and foul/ soiled linen should be handled appropriately:

- PPE (disposable gloves and disposable plastic aprons) should be worn at all times
- Hands should always be washed after handling foul/ soiled linen
- Foul/ soiled linen should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets. Any solid waste (vomit, faeces etc) should be carefully disposed of into the toilet, and the linen placed in a sealed water proof bag, and stored in a designated area to prevent cross infection ready for collection.

Laundering linen within setting

Laundering reduces the number of germs and lowers the risk of infection, provided the correct facilities and methods are available and understood by staff.

Laundering Facilities

If a laundry facility is deemed necessary within the education setting then the following are required;

- A designated laundry area, with separate ventilation, sinks and hand washing facilities, located away from food preparation areas and inaccessible to learners

- Laundering facilities should be large enough to enable clean and dirty linen to be kept well apart to prevent any recontamination risk
- An appropriate washing machine which includes a cold pre-wash cycle/ sluice cycle and is capable of reaching adequate temperatures for decontamination of laundry (65°C for not less than ten minutes or preferably at 71°C for not less than three minutes)
- The size, and type (industrial or domestic), of washing machine used should be proportionate the quantity of laundry processed
- Availability of drying facilities to ensure drying of linen during inclement weather

Laundry practices

To safely handle foul/ soiled linen and reduce the cross infection risk the following practices should be observed when laundering linen;

- PPE (disposable gloves and disposable plastic aprons) should be worn at all times when dealing with foul/ soiled linen
- Used linen should be stored in a colour coded linen bag/container
- Foul /soiled linen (heavily contaminated or contaminated with blood/body fluid) should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets. Any solid waste (vomit, faeces etc) should be carefully disposed of into the toilet, and then the linen or clothing should be machine washed
- Foul/ soiled linen should be placed directly into a red water-soluble bag where available (water soluble bags are preferred as they prevent unnecessary handling of foul/ soiled linen) and taken directly to the laundry area and laundered as soon as possible
- Ensure washing machine is compatible with water soluble bag use
- If water soluble bags are not available, foul/soiled linen should be kept separate to other linen, be transported safely, and handling of such linen minimised
- Foul/ soiled linen should be laundered separately from other laundry items
- Hands should always be washed after laundry procedures

Do

Onsite Laundry

- ✓ Ensure laundry facilities are adequate within the setting
- ✓ Ensure staff are trained in laundry processing
- ✓ Establish safe working practices for the laundry facility
- ✓ Ensure that laundry services cannot be accessed by any unauthorised personnel.
- ✓ Ensure foul/soiled linen is washed at the correct temperature, for the correct duration

Foul/ Soiled linen to be taken home

- ✓ Inform learners/parents of practice of sending soiled linen home in sealed plastic bags
- ✓ Place foul/soiled linen in a sealed plastic bag so they can be taken home
- ✓ Store soiled clothing for collection in a designated area to prevent cross infection

Do not

- ✗ Manually rinse/soak soiled items
- ✗ Place/drop linen on the floor or on other surfaces which may be contaminated or frequently touched as this could then lead to contamination
- ✗ Store used linen in communal areas.

13. Decontamination

Cleaning and disinfection: general areas

Effective and timely cleaning and disinfection is a basic yet extremely effective principle of infection prevention and control.

Germs can survive on environmental surfaces for varied periods of time from hours to months. The level of decontamination required depends upon a basic risk assessment which determines the risk of infection from a particular object or surface.

An appropriate written cleaning schedule including methods, frequencies and chemicals used should be in place to minimise cross infection.

A separate policy, including cleaning schedule should be available in the event of an outbreak of infectious disease (most commonly an outbreak of diarrhoea and vomiting), and reporting mechanisms in place to enable prompt reporting to the relevant agencies (e.g. HPT and EHO.)

There should be a daily cleaning service provided to ensure that the premises (especially toilet areas) are kept clean, safe and hygienic. It is advisable for toilets to be cleaned at least twice daily and more frequently in outbreaks of gastrointestinal illness.

A documented, regular cleaning programme should be in operation and colour coded systems should be used for all cleaning equipment (e.g. the national system recommends red for toilets, blue for general areas, green for kitchens etc).

All chemicals should be handled and stored in accordance with manufacturer's instructions and product safety data sheets. Staff who handle chemical cleaners should be given instructions on their safe use.

Cleaning

This cleaning/disinfection guidance relates to areas outside of kitchen areas.

Cleaning is a mechanical action (e.g. wiping or scrubbing) that uses hand hot water and detergent to physically remove germs and organic matter but not to inactivate them. To effectively clean an object or surface, a three step approach is required;

- Clean item using detergent and hand hot water to remove visible contamination and dirt
- Rinse object/ surface either under running hand hot water (preferably hot) or wipe with cloth and clean hand hot water
- Thoroughly dry object/ surface. Although this action does not necessarily destroy germs it does reduce their number.

Disinfection

This is a process that uses chemical agents or heat to reduce numbers of germs (e.g. bacteria, viruses). It does not kill all germs but can be used to reduce numbers to safe levels. Disinfection is usually used for items and surfaces contaminated (or potentially contaminated) with blood or body fluids as there is the potential that germs present are more likely to cause illness.

Chemical disinfection can be achieved using either a one stage (using combined detergent/ disinfectant product) or a two stage process:

One stage process

To undertake this, a combined detergent and disinfectant product should be used. The item should be thoroughly wiped with the solution to remove visible contamination and dirt, as well as disinfecting.

Two stage process

1. Thorough cleaning using detergent and hand hot water to remove visible contamination and dirt
2. The item should be thoroughly wiped with a hypochlorite based disinfectant, ensuring correct dilution for purpose intended

Please refer to [Appendix 8](#) for advice on routine cleaning and disinfection of

equipment.

When using chemical disinfection the follow points should be remembered;

- Check that the disinfectant is compatible with the item being disinfected
- Ensure correct dilution of disinfectant
- Use a freshly made solution if dilution is required
- Where possible items should be fully immersed
- Apply for the correct period of time (contact time)
- Rinse
- Dry thoroughly
- Do not store disinfectant in unlabelled containers

ALWAYS follow the manufacturers' guidelines carefully.

It is important that the correct type of cleaning/disinfection agent at the correct concentration is used for the type of decontamination required, as stated in the manufacturers' instructions. Containers should never be topped up, nor contents poured or transferred into a different container. Commercial brands are advocated over homemade which can readily become contaminated during the topping up process.

If the latter are used, they should be labeled with the safety instructions and hazard warnings that appear on the original container and fresh solutions used daily. Spray bottles should also be washed and dried daily.

In addition to using chemicals for disinfection, heat is an extremely effective method of killing germs; a temperature of 80°C for one minute destroys most germs. Heat disinfection may be achieved using dishwashers, steam cleaners and washing machines at high enough temperatures (e.g. for washing machines 71°C for at least 3 minutes or 65°C for at least 10 minutes).

Please note: blood and body fluid spillages are dealt with in a specific manner; see [Section 19](#).

Table 1: Recommended cleaning agents for the environment

Recommended Cleaning and Disinfecting Agents for the Environment	
Detergent & hand hot water	Used for cleaning surfaces at end of sessions/day
Combined detergent / disinfectant e.g. Chlorine based detergent	Used for cleaning and disinfecting surfaces if contaminated with blood or body fluids or during an outbreak of gastrointestinal disease
Bleach (hypochlorite) e.g. Sodium Dichloroisocyanurate disinfectant (Na DCC)	Used following cleaning for disinfecting hard surfaces if contaminated with blood or body fluids or during an outbreak of gastrointestinal disease. Not for use on metal surfaces, carpets or soft furnishings 1,000ppm (parts per million) available chlorine For further information check with manufacturer to ensure correct dilution rates and contact times
Soft Furnishings	Soft furnishings if not suitable for laundering should be disinfected using a steam cleaner

Cleaning facilities and cleaning equipment:

In order for appropriate and effective cleaning to occur, staff should be provided with the appropriate equipment. Such equipment should include;

- Dedicated sink for environmental cleaning activities (e.g. emptying dirty water from mop buckets, cleaning mop buckets)
- Suitable cleaning room/large cupboard should be available with enough storage and shelving to enable safe, hygienic storage of equipment
- Kitchen cleaning equipment should always be kept separate from the toilet cleaning equipment
- Readily available equipment for dealing with blood or body fluid spillages should be available
- Cleaning materials easily accessible to all staff throughout the working day to ensure timely cleaning and disinfection occurs
- All cleaning equipment should be colour coded

- All environmental cleaning cloths should be non-shredding, and mop heads should be either disposable or have removable heads that can be laundered
- Mops should **NOT** be used for cleaning spillages of blood and body fluids including faecally contaminated areas/equipment
- If using reusable mop heads they should be laundered in a washing machine at a high temperature (at least 60°C) on a daily basis OR if not possible, mop heads should be cleaned using detergent and hand hot water, then soaked for 20 minutes in disinfectant solution ideally bleach based. The mop should then be wrung out until as dry as possible and stored head up
- When not in use mops should not be left soaking in buckets of water, and mops should be stored in the mop head up position
- Mop buckets should be in a good state of repair, and cleaned, disinfected and dried after each use

Do

- ✓ Have a detailed written cleaning schedule in place which is readily available to staff
- ✓ Ensure cleaning schedule includes details of cleaning methods, chemicals to be used and frequency of cleaning for the environment, and equipment
- ✓ Ensure all staff know their responsibilities for cleaning and settings cleaning policies and procedures
- ✓ Clean and disinfect toilets and frequently touched items e.g. taps and doorknobs as frequently as is practical and especially when visibly dirty
- ✓ Ensure carpeted areas are vacuumed daily, and steam cleaned on a regular basis e.g. every 6 months or more regularly if soiled
- ✓ Regularly clean (e.g. daily) general surfaces such as floors and furniture and ensure they are kept in a good state of repair

14. Toilet areas / toileting

The importance of well maintained and adequate toilet facilities in education settings is well recognised:

“Given that E-Coli 0157 causes diarrhoea and can be spread person-to-person by faecal/oral contact, the importance of education settings having in place adequate toilet and hand washing facilities and hygiene practices for learners and staff is obvious”

Professor Hugh Pennington (2009) *The Public Enquiry into the September 2005 Outbreak of E Coli o157 in South Wales*. HMSO; Welsh Government. [Electronically accessed 22nd November 2016].

[The Public Enquiry into the September 2005 Outbreak of E Coli o157 in South Wales](#)

In addition, Welsh Government (2012) has issued good practice guidance including school policy, facilities and management of school toilet facilities and can be accessed via

<http://gov.wales/topics/educationandskills/publications/guidance/schooltoilets/?lang=en>

[Date accessed: 25th November 2016]

A check list [Appendix 5](#) has been compiled with reference to *School toilets: good practice guidance for education settings in Wales* (Welsh Government, 2012). The check list should be completed ideally at least once every term and an action plan compiled to address failures of compliance.

Toilet areas

Transmission of germs from toilets is commonly associated not only with direct contact with the toilet bowl but also by touching contaminated surfaces within the close toilet environment, e.g. toilet handles, toilet seats, hand wash sink taps, door handles and light switches. Therefore effective hygiene measures when using the toilet and the toilet area are vital. See decontamination of toilets procedure, [Appendix 10](#)

Key points

- Teach and encourage learners to wash their hands thoroughly after using the toilet
- All toilet areas should have hand washing facilities including hot and cold running water, liquid soap, disposable paper towels and a foot operated lidded bin for waste
- Ensure clear and concise cleaning schedules relating to the toilet environment are available and followed by staff
- Ensure toilet areas are closely monitored to maintain standards of cleanliness
- Tap water in toilet areas is labelled as non-drinking water
- Drinking water supplies of any sort e.g. water fountains should not be located in toilet areas

Do

- ✓ Teach and encourage learners to wash their hands thoroughly after using the toilet
- ✓ Ensure clear and concise cleaning schedules in relation to toilet environmental cleaning are available and followed by all staff
- ✓ Colour coded disposable cleaning cloths for cleaning toilets and surrounding surfaces are available
- ✓ Ensure staff wear adequate PPE whilst undertaking cleaning and toileting tasks
- ✓ Ensure there is a robust procedure in place for the cleaning and decontamination of blood and body fluid spillages that is well known by staff as discussed in [Section 15](#)
- ✓ Ensure adequate provision of equipment required for the cleaning/ decontamination required following a blood or body fluid spillage
- ✓ Inspect toilets throughout the day to ensure they are clean
- ✓ Check and restock consumables, such as paper towels, liquid soap regularly
- ✓ Ensure that staff have separate toilet facilities from learners
- ✓ Ensure that toilet areas are not used for purposes other than intended i.e. do not use for storing equipment or as a cloak room

Contenance pad changing facilities

Hygienic practice and effective decontamination of equipment and the environment is vital to reduce the risks of transmitting infection to learners and staff, [appendix 9](#).

Key points:

- There is a separate change area suitably located with dedicated hand washing facilities
- Clear and concise cleaning schedules are in place both for the environment and equipment used during pad changing
- Appropriate and effective hand washing practices are adhered to at all times
- Staff utilise PPE correctly and consistently

Do

- ✓ Ensure that the designated change area is fit for purpose and solely used as a change area
- ✓ Ensure that change area is located away from play areas or where food is prepared or served
- ✓ Ensure hand washing facilities in changing areas include a sink dedicated solely for hand washing purposes, hot and cold running water, liquid soap and paper towels
- ✓ Ensure all necessary equipment is stored appropriately
- ✓ Ensure changing mat/surface is waterproof, easy to clean, and in a good state of repair to facilitate thorough cleaning and decontamination
- ✓ Use a disposable covering on top of the change mat/surface for its added protection
- ✓ Clean both the change mat and any other surrounding environmental surface that is soiled or has been touched during the change / procedure after each and every pad change
- ✓ Ensure bin within change area is lidded and foot operated.

Do Not

- × Use the designated change area as a storage space. Equipment present should only be for the purpose of the change procedure.

Contenance product changing practices

Gastrointestinal illnesses including Norovirus, Salmonella, or E Coli O157 are highly infectious, and can potentially be transmitted in changing areas if basic infection prevention and control precautions are not adhered to. Hygienic continence pad changing practice is vital to reduce the risks of transmitting infection to learners and staff ([appendix 9](#)).

Key points:

- Staff can demonstrate a continence pad change procedure that minimises the risks of cross infection
- Appropriate and effective hand washing practices are adhered to at all times
- Staff utilise personal protective equipment correctly and consistently

Do

- ✓ Ensure all necessary changing equipment is stored in the changing area
- ✓ Ensure hands are washed thoroughly before and after each change procedure (after disposal of pad and removal of disposable gloves and apron)
- ✓ Alcohol hand gel may be used in addition to but not instead of hand washing
- ✓ Wear disposable plastic aprons and appropriate disposable gloves whilst providing continence care, as discussed in [Section 10](#)
- ✓ Change disposable plastic aprons and disposable gloves between each individual and ensuring the changing mat/surface is waterproof, easy to clean, and in a good state of repair
- ✓ Use a disposable covering on top of the change mat/surface
- ✓ Change disposable covering following each individual change
- ✓ Effectively decontaminate the mat/ surface following use
- ✓ Clean both the changing mat/surface and any other surrounding environmental surface that is soiled or has been touched during the changing procedure after each and every individual
- ✓ Ensure any creams are specific to the individual and clearly labeled with the

individuals name

- ✓ Use a clean gloved finger (or a clean disposable spatula) to remove creams from pots each time
- ✓ Dispose of continence waste into an individual nappy sack and then into an appropriately coloured lidded foot operated-pedal bin [Section 11](#)
- ✓ Ensure pedal bin is operated with foot and not hands

Do Not

- ✗ Share creams and lotions between individuals
- ✗ Give individuals a communal toy to keep them occupied whilst in the change area

Resources for settings:

Several resources relating to toilet provision are available:

- ERIC (Education and Resources for Improving Childhood Continence) launched the 'Right to Go' campaign in early 2014 to highlight every child's right to good care for a continence problem at school and to access safe and hygienic toilet facilities: available at <http://www.eric.org.uk/Campaigns/TheRightToGo#sthash.7K10Y2VQ.dpuf> [Date accessed 25th November 2016]
- The Right to Go School Toilet Charter – Education and Resources for improving childhood Continence Standards of school toilets: available at http://www.eric.org.uk/assets/ERIC_right-to-go-school-toilet-charter2015.pdf [Date accessed 25th November 2016]
- Sample School Toilet Policy: available at <http://www.eric.org.uk/assets/Campaigns/Right%20to%20go/School%20Toilet%20Policy.doc> [Date accessed 25th November 2016]

15. Blood and body fluid spillages

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. blood borne viruses (such as Hepatitis B) and diarrhoea and/or vomiting (such as Norovirus). Settings should ensure that arrangements and protocols are in place to deal with these spillages immediately and appropriately. A flow chart to facilitate effective management of blood and body fluid spillages can be found at the end of this section.

Key Points

- Ensure clear policies and procedures are in place to effectively manage blood and body fluid spillages
- Staff are trained in the safe and effective management of blood and body fluid spillages
- Personal protective equipment is worn
- Spillage kits containing disposable gloves, aprons, spill containing products, instructions, and scoop are available
- A named person is responsible for checking and replenishing spillage kits regularly, when they have been used, or have passed expiry dates

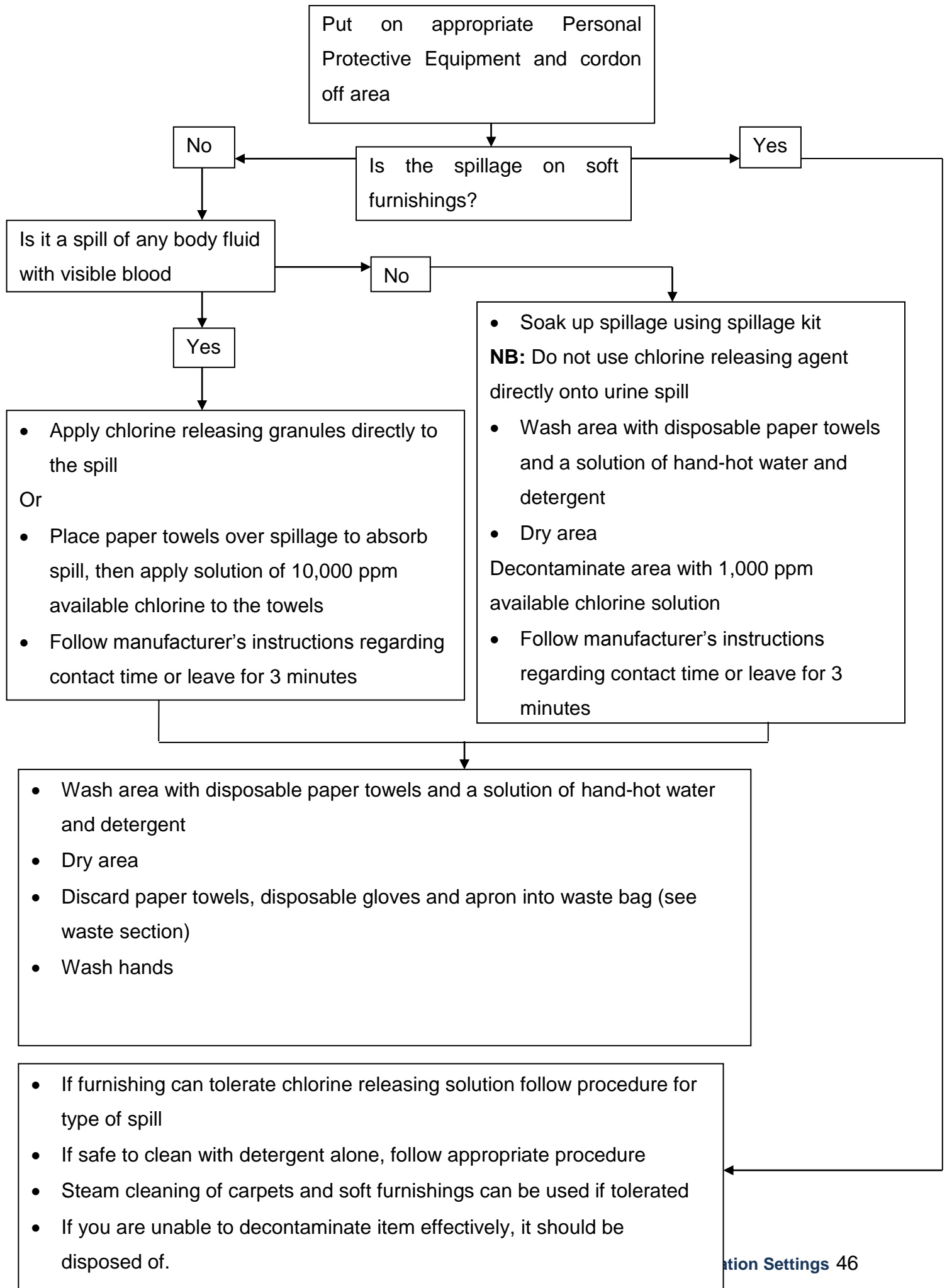
Do

- ✓ Ensure adequate supplies of spillage kits are available at all times
- ✓ Ensure a suitable disinfectant is used, such as chlorine releasing agents at the correct concentration
- ✓ Follow manufacturer's instructions for disinfectant being used
- ✓ Store all chemicals safely in accordance with *COSHH (Control of Substances Hazardous to Health, 2002)*
- ✓ Deal with spillages immediately to reduce risks of contamination and disease transmission
- ✓ Ensure area is well ventilated if using chemicals
- ✓ Ensure appropriate protective clothing is worn
- ✓ Dispose of soiled cleaning cloths and protective clothing into waste bag
- ✓ Wash your hands

Do Not

- ✗ Use reusable cloths or mops to clean up spillages of blood or body fluids

Procedure for dealing with body fluid spillages



16. Classroom and sports equipment

Classroom and sports equipment are important for the social and educational development of individuals. The sharing of these items between learners can, however, be a potential source of infection unless they are maintained and cleaned or disinfected adequately. Germs can survive on the surface of equipment in sufficient numbers to present a risk of infection.

Key points

- Classroom and sports equipment should be checked regularly and replaced if broken/damaged
- Classroom and sports equipment should be included in the cleaning schedule, clearly stating process and frequency of cleaning
- Frequency of cleaning will depend on type of equipment, nature of use and level of contamination
- Equipment should initially be cleaned with detergent and hand hot water solution. If disinfection is required (i.e. when potentially contaminated with blood or body fluids) a bleach (hypochlorite) solution, at the recommended dilution, should be used
- During an outbreak, some play activities may need to be suspended, and frequency for cleaning and disinfecting equipment increased.

Keeping classroom and sports equipment clean

Do

- ✓ Purchase equipment that can be easily cleaned and disinfected
- ✓ Store equipment in a clean state and if appropriate store in containers that are rigid and washable
- ✓ Clean equipment that is visibly soiled immediately
- ✓ Wash equipment with hand-hot water and detergent and if potentially contaminated with blood or body fluids and a risk of transmitting germs, disinfect
- ✓ Ensure relevant staff receive adequate training in cleaning and disinfection methods
- ✓ If equipment cannot be submerged in water (e.g. fixed or electronic items), remove visible dirt with detergent and hand hot water

- ✓ Store equipment away from risks of contamination.

Do not

- ✗ Leave equipment visibly contaminated
- ✗ Leave equipment wet following cleaning.

Routine Classroom and Sports equipment cleaning

*Routine cleaning, when item not contaminated with blood or body fluids

Item	How to Clean Routinely *	Frequency	Comments
Hard plastic / wooden toys / Equipment.	Wash with hand hot water and detergent followed by thorough rinsing and drying.	At least weekly. Any visibly soiled items should be removed and cleaned immediately.	
Soft toys.	Machine wash on as hot a wash as can tolerate, and dry thoroughly as item can tolerate.	At least weekly. Any visibly soiled items should be removed and cleaned immediately.	If item cannot be washed on high temperature it should be disposed of. Please see laundry section for details.
Water play equipment.	Wash with hand hot water and detergent, rinse and dry. Ensure clean and dry before storing.	Daily when in use.	Remove water at end of each day's play and dry. Replace water when visibly soiled during the day's play.

Item	How to Clean Routinely *	Frequency	Comments
Play dough and Plasticine.	<p>Wash cutting tools using detergent and hand hot water.</p> <p>Rinse and dry thoroughly.</p>	At least once a week.	<p>Play dough and plasticine should be replaced regularly, in line with manufacturers' instructions.</p> <p>Store homemade play dough in airtight container and replace weekly or sooner if contamination occurs.</p>
Sandpits.	<p>Keep sand clean with regular sieving.</p> <p>The sandpit/tank should be cleaned with hand hot water and detergent, and thoroughly dried before sand is replaced.</p> <p>Wash sand toys using detergent and hand hot water</p>	<p>Inspect sand daily and remove sand that is obviously dirty.</p> <p>Indoor Sand pits Change sand 4 weekly or sooner if contamination occurs.</p> <p>Outdoor Sandpits Inspect and rake daily when in use/ weekly if not in use renew sand when visibly dirty or discoloured and/or malodorous.</p>	Sandpits should be covered securely for protection when not in use.

Item	How to Clean Routinely *	Frequency	Comments
Outdoor equipment such as slides and climbing frames.	Wash with detergent and hand hot water.	Inspect before use. Routine cleaning on a weekly basis.	

Outbreaks

If an outbreak of gastrointestinal illness occurs, play with sand, water and plasticine / play dough and cookery with the learners should be suspended until the outbreak has finished.

During outbreak situations the frequency and methods of cleaning and disinfection may alter and further information regarding necessary actions that should be undertaken in an outbreak situation can be obtained from your local HPT and EHO teams.

17. UK Immunisation Schedule (learners)

All individuals within the UK are routinely invited to attend their GP surgeries for vaccinations contained within the UK (Wales) routine immunisation schedule. Immunisation can protect against serious infectious diseases and prevent outbreaks which have been associated with education settings for example, measles outbreaks, and cases of meningococcal disease.

Learners/parents should be reminded of the importance of ensuring that all vaccinations are up to date when they start at any education setting.

Further information regarding vaccinations can be found at the following link;
<http://www.nhsdirect.wales.nhs.uk/DoItYourself/vaccinations/> [Date accessed 25th November 2016]

The following routine vaccinations are usually offered in education settings:

- Annual nasal spray flu vaccine – information on current eligible age groups is available from www.publichealthwales.org/childrensfluvaccine [Date accessed 22nd December 2016]
- *Human Papillomavirus* offered to girls in school years 8 & 9
- Teenage booster vaccinations (Tetanus/diphtheria/polio and Meningococcal vaccine) are usually offered to learners in school year 9

Young people should be encouraged to be up to date with all vaccines offered as part of the UK routine schedule.

18. Staff and learner health

Staff and learners within the education setting are at risk of contracting infections from each other. Therefore, all settings should have appropriate policies and procedures regarding both infection prevention and control, and communicable disease management to protect their staff and learners alike.

Immunisation

It is vital that **all** staff check that they are up to date with all routine immunisations, particularly the meningococcal vaccine in those under 25 years, and the measles, mumps and rubella vaccine (two doses of MMR), for all individuals born after 1970.

If unvaccinated or unsure of vaccination status staff should be encouraged to see their GP, or Occupational Health department to receive any outstanding vaccinations prior to commencing work within the education setting. Annual flu vaccination is recommended for those who are in a risk category. The Local Education Authority may offer occupational flu vaccination for staff.

Further information regarding vaccinations can be found at;

<http://www.nhsdirect.wales.nhs.uk/DoItYourself/vaccinations/> [Date accessed 25th November 2016]

Periods individuals should be kept away from setting.

For guidance, staff should refer to appendix 12 of this document. Any individual with diarrhoea and/or vomiting illness should be kept away from school until they have been free of symptoms-for at least 48 hours (the 48 hour rule).

Infections in pregnancy

Some childhood infections can potentially cause a danger to pregnant women and their unborn child.

Examples of diseases with potential implications for pregnant women include;

- chickenpox/shingles
- rubella (German measles)
- parvovirus B19/fifth disease (slapped cheek syndrome)

- measles
- influenza
- pertussis

Female staff of childbearing age should ensure that they are immune to rubella (German measles) and measles as they could be at risk of exposure to infection during pregnancy.

Influenza/ Whooping cough (Pertussis)

Influenza and whooping cough (pertussis) vaccinations are currently offered to pregnant women to protect themselves and their unborn baby from infection. Further information can be obtained from the GP/midwife/antenatal team caring for the woman. When situations of exposure arise, pregnant women should be encouraged to seek advice from their GP/midwife/antenatal care team. Further expert advice can then be obtained as required from local Consultant Microbiologist or HPTs.

Chicken pox/ shingles

Chickenpox can affect the pregnancy if a woman has not previously had chickenpox. If exposed in pregnancy, the pregnant woman should promptly seek advice from her GP/midwife/antenatal care team if she has not already had chickenpox. As shingles is caused by the same virus as chickenpox, anyone who has not had chickenpox can potentially acquire the infection but only if they have been in close direct contact with the person with shingles. If exposed in pregnancy, the pregnant woman should promptly seek advice from her GP/midwife/antenatal care team.

Measles and rubella

Measles and rubella during pregnancy can affect the pregnancy if the pregnant woman is not immune, and subsequently has significant contact with a case of measles or rubella. If exposed in pregnancy, the pregnant woman should promptly seek advice from her GP/midwife/antenatal care team.

Parvovirus (slapped cheek or fifth disease)

All pregnant women who have contact with a case of parvovirus should contact their midwife/ antenatal care team for appropriate follow up.

If a pregnant woman develops a rash or is in direct contact (in the same room for a significant period of time e.g. 15 minutes or more), or face-to-face contact with someone with a potentially infectious rash, further investigation is required according to national guidelines; therefore the affected pregnant women should be directed to seek necessary advice from antenatal care provided.

Vulnerable Individuals

Some medical conditions make individuals vulnerable to infections that would rarely be serious in most people; these include those being treated for leukaemia or other cancers, those on high doses of steroids and with conditions that seriously reduce immunity. Education settings will normally have been made aware of such individuals. These individuals are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the learner /parent/carer should be informed promptly and further medical advice sought. It may be advisable for these individuals to have additional immunisations, for example pneumococcal and influenza.

19. Blood Borne Virus (BBV) Exposure Incidents

The risk of BBV transmission depends on the virus involved and the type of exposure. For example, the highest risk of infection is following an injury with a needle contaminated with infected blood. The risk of infection from bites and body fluid splashes is much smaller.

There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal oral route. Exposure to blood or body fluids known or suspected to be infected with a BBV is always stressful and risks should be minimised by safe working practices. As not all people with BBVs will be diagnosed or known, all blood and body fluids should be regarded as potentially infectious and standard infection control precautions taken to minimise the risk of transmission [Section 8](#)

There is a safe and effective vaccine available for the prevention of Hepatitis B. There is currently no vaccine available for the prevention of HIV or Hepatitis C. The Hepatitis B vaccination is not however routinely advised for education staff. However, in settings where a learners' behavior is likely to lead to significant exposure (e.g. biting or being bitten) on a regular basis, immunisation with hepatitis B vaccine should be offered to learners and staff.

Further UK guidance on hepatitis B vaccination can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf [Date accessed 25th November 2016]

Further UK Health & Safety guidance on BBV can be found at: <http://www.hse.gov.uk/biosafety/diseases/bbv.pdf> [Date accessed 25th November 2016].

Potential exposure to BBVs can happen when any of the following occur;

- A break in the skin caused by a used needle or other sharp (e.g. any sharp edged item, broken glass, blade) that is contaminated with blood or body fluid. Incidents in education settings have included multiple learners being stabbed with the same sharp object such as a compass
- Blood or body fluid splashes to mucous membrane (e.g. eyes, mouth or nose)

- Human bites that break the skin
- Contamination of broken skin (e.g. abrasions, cuts, eczema, scratches) with blood or body fluids

Actions to be taken when exposure incident occurs;

- Immediately stop what you are doing, if it is safe to do so, and attend to the injury
- Encourage bleeding (if not bleeding freely) of the wound using gentle pressure
- Do not suck the wound
- Wash well with soap under warm running water
- Dry and cover with a waterproof dressing
- If body fluids get into eyes irrigate with copious amounts of water. If contact lenses are worn, irrigation should be performed before and after removing them
- If blood or body fluids get into the mouth, rinse out with copious amounts of water. Do not swallow.
- After carrying out the above steps attend GP / A&E immediately for risk assessment, medical advice, and necessary treatment

When able to:

- Report the incident to your line manager
- Make a record of the incident including;
 - date, time, and location of incident
 - names of individuals involved in incident
 - the nature of the incident (bite/other)
 - specify the role of each person in the incident (biter/ bitten etc.)
 - describe the actions taken (first aid/seeking medical attention)
- Seek help to initiate an investigation into the cause of the incident and risk assessment to reduce the risk of a similar incident occurring again
- Inform the H & S Officer of LEA and contact the Health Protection Team for further advice, if needed

Do

- Wear appropriate personal protective clothing (e.g. disposable gloves and disposable plastic apron) at times when exposure to blood or body fluids might occur
- Ensure all staff are aware of actions to be taken when an exposure incident occurs
- Do take care when disposing of any discarded syringes or needles found in the setting grounds. Cordon off the area if necessary and dispose of any discarded sharps into an approved sharps container [Section 11](#)

Do Not

- ✗ Dispose of needles in any other type of container other than those which are approved for that purpose

20. Pets and farm/zoo Visits

Pets and other animals in education settings can often add significantly to learner's education. Such animals can, however, pose a risk of infection including gastrointestinal infections, fungal infections and parasites. Before deciding to keep animals in the school or allowing visitors to bring them in sensible protocols and infection prevention and control precautions must be in place to reduce this risk to an acceptable level.

Key points

There should be a written policy with regards to animals in an education setting. This policy should include;

- How to maintain the health of animals
- How to reduce the risk of cross infection between animals and learners/staff
- The types of animals allowed on the premises (All farm animals must have appropriate identification)
- Methods to control behavior of animals on the premises
- Any insurance liability of owners and handlers
- There is an agreed risk assessment in place that is undertaken prior to any visits to farms or zoos

Do

- ✓ Nominate a person to be responsible for animals kept within the setting to ensure that the health and safety of learners, staff, and animals is not compromised
- ✓ Ensure that learners and staff thoroughly wash their hands after handling animals, their equipment, cages, tanks, bedding etc. It is important younger learners and those requiring support are closely supervised when hand washing
- ✓ Ensure adequate hand washing facilities are available in close proximity to animal contact area, to include hand hot running water, liquid soap, disposable paper towels and waste bin
- ✓ Supervise while animals have contact with learners

- ✓ Clean and disinfect litter trays daily
- ✓ Always have someone who is not pregnant and healthy to clean and disinfect litter trays
- ✓ If fouling/spillage occurs, clean and disinfect (with chlorine based disinfectant) promptly and appropriately
- ✓ Always wear disposable plastic apron and disposable gloves when cleaning/ disinfecting litter trays
- ✓ Seal used litter in a plastic bag, dispose of properly, and wash hands thoroughly
- ✓ Use disposable protective plastic aprons and disposable gloves, if contact with blood/body fluids including droppings is expected
- ✓ If clothing is contaminated it should be removed, sealed in a plastic bag and taken home to be washed
- ✓ If an individual shows sign of illness (e.g. sickness and diarrhea) after contact with an animal, they should be advised not to attend the setting for at least 48 hours following cessation of all symptoms, and to seek medical advice as required

Do not

- ✗ Permit animals to lick learners, and discourage close facial contact with the animal
- ✗ Allow animals or their equipment in the kitchen, food preparation or eating areas. If animals do come into contact with food preparation areas, clean and disinfect surfaces
- ✗ Allow learners access to litter trays
- ✗ Use hand gels and wipes instead of washing hands

Salmonella

Most reptiles carry salmonella in their gut without showing any signs of infection; but can pass it onto people via droppings. The salmonella in droppings can quickly spread over the reptile's skin and contaminate any surface or object the reptile touches, including cages, furniture, hands etc.

Salmonella can pass to people if they put anything into their mouth that has had contact with the reptile or the contaminated objects/surfaces - particularly their fingers.

E.coli o157

E. coli o157 is found in the gut and faeces of many animals, including cattle and sheep. *E. coli* o157 can be passed to people if they put anything into their mouth that has had contact with the infected animal; there have been outbreaks of infection linked to handling or petting such animals on farms or in sanctuaries. It is therefore imperative that all advice contained within this guidance is followed to prevent such illness. *E. coli* o157 infection can be particularly severe, and sometimes even fatal, in young learners and the elderly.

Cryptosporidium

Cryptosporidium is a parasite, a living thing (organism) that lives in, or on, another organism. It can infect your bowels and cause 'cryptosporidiosis' which is a type of bowel infection, which leads to diarrhoea and vomiting. Infection can occur in humans and animals and is spread by contact with soil, water, food or surfaces that have been contaminated by infected faeces containing the parasite.

Young learners are most likely to become infected and outbreaks have been associated with handling lambs in both open farm and education settings. Symptoms usually last for up to two weeks, sometimes longer.

Animal health

Do

- ✓ Ensure all animals are regularly groomed and checked for signs of infection or illness
- ✓ Ensure animals are regularly exercised and given appropriate housing and food
- ✓ Seek diagnosis and treatment from a vet if animals become ill
- ✓ Keep animal feeding areas clean. Animals should have their own feeding dishes and utensils, which should be washed separately from other dishes and utensils. Younger learners should only be allowed access to feeding dishes under adult supervision
- ✓ Keep containers of animal food separate from food for human consumption
- ✓ Remove food which has not been consumed by the animal
- ✓ Clean and disinfect all cages, living areas and equipment regularly.

Farm/ zoo visits

Guidance and a Code of Practice regarding Preventing or controlling ill health from animal contact at visitor attractions can be found at

<http://www.face-online.org.uk/codeofpractice> [Date accessed 25th November 2016].

Whilst visiting farms and zoos are popular, there are a number of infections that can be passed on to learners and staff from infected animals. Serious outbreaks have been associated with visits to farms and zoos (e.g. *E.coli* 0157).

Even farm animals that look clean and healthy will carry a range of germs such as campylobacter, salmonella and cryptosporidium which can be passed on and cause infection in humans. They can also carry the bacteria *Escherichia coli* 0157 (*E. coli* 0157), which is very infectious and can cause extremely severe or life-threatening illness.

It is vital that education settings have a policy on such visits, which is known and followed by all staff. Washing hands thoroughly at appropriate times with liquid soap and hand hot water will significantly reduce the chance of infection. Hands should be washed after touching an animal or surfaces (e.g. fences), before eating or drinking and after removing clothing and shoes worn on the farm. It is very important that learners are advised on hygiene before the visit and are **closely supervised** at the farm or zoo and when hand washing.

If visits to farms or zoos do take place, a few general precautions will help minimise the risk of learners and staff becoming ill.

The person in charge of the group should be aware of the possibility of transmission of infection from direct or indirect contact with the animals and plan appropriately. It should be ensured that the premises meet the Code of Practice standards and a risk assessment should be carried out.

It may be possible to determine from the owners/managers of the establishment, whether staff have been trained in hygiene and whether the establishment has been inspected regarding hygiene matters. Health and Safety compliance is monitored jointly by the Local Authority, and Health and Safety Executive. For further information contact your Local Environmental Health Department.

Additional information and useful resources can be found at the Farming and Countryside Education (F.A.C.E) website at <http://www.face-online.org.uk/>

Some diseases, such as chlamydiosis, toxoplasmosis and listeriosis, which can be caught from animals such as sheep, carry a risk for pregnant women and their unborn baby. Although not common, advice about these diseases and risks should be made clear to pregnant women. Pregnant women should also avoid contact with sheep during lambing periods, lambing, milking ewes, all newborn lambs, their droppings and any items that have contact with ewes or lambs (e.g. clothing, boots).

Do

Before the visit

- ✓ Discuss visit arrangements with the farm management
- ✓ The trip organiser should ensure the farm facilities meet recommendations made in the F.A.C.E code of Practice <http://www.face-online.org.uk/codeofpractice> [Date accessed 25th November 2016]
- ✓ Stress to learners that they should not touch food, eat, drink, chew anywhere except in designated eating areas and 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 should not eat or chew anything that has fallen to the ground (e.g. food). Ensure learners understand that they should listen to information and instructions given by farm staff
- ✓ Make sure learners 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

Do

- ✓ Ensure learners 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
- ✓ Only allow eating and drinking in the designated eating areas, after thorough hand washing

- ✓ Allow plenty of time for eating/leaving so everyone can wash hands unhurried
- ✓ Hand washing should be supervised
- ✓ Ensure sweets, crisps, etc, are taken out of pockets before the visit
- ✓ Ensure learners 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 washed [Section 12](#)
- ✓ Clean or change footwear before leaving and wash hands after any contact with footwear or animal faeces. Clean boots and footwear with hand hot water and detergent to ensure faecal material is removed
- ✓ Ensure learners change their footwear on returning to education setting

Do not

- ✗ Use alcohol gels or wipes instead of washing hands with liquid soap and hand hot water
- ✗ Approach sick or distressed animals under any circumstances.
- ✗ Precautions should be in place to prohibit visitors access to areas where sick animals, slurry or compost are held
- ✗ Allow learners to drink from taps unless clearly marked “Drinking Water”, drinking water taps should be in a suitable separate area - away from animals and toilet areas
- ✗ Let any member of the visiting party who is pregnant, handle or touch lambs, ewes who are feeding lambs, or their droppings.

If any member of the group shows signs of illness (e.g. sickness or diarrhoea) after a farm or zoo visit, (particularly within 2 weeks), advise them or their parents/guardians to seek medical attention as soon as possible and explain the recent contact with animals. In addition, if two or more members of the farm party are ill or a single pupil is unwell with severe symptoms such as bloody diarrhoea the Local Health Protection Team or Environmental Health Team should be informed immediately.

Appendix 1

Notifiable Diseases in Wales

Diseases notifiable (to Local Authority Proper Officers) under the *Health Protection (Notification) Regulations (Wales) 2010*:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Appendix 2 Period to keep Individuals away from the setting.

Individuals with a suspected or confirmed infectious disease should not attend the education setting during the time they are considered infectious.

Main Points:

- Please refer to the tables below for guidance as to whether an individual should not attend the setting from an infectivity perspective. If uncertain individuals should remain at home and seek advice from NHS Direct Wales 08454647, their local pharmacy or GP
- It must be remembered that the periods for which individuals should be kept away from education settings within this document are based upon period of infectivity and not upon a risk assessment of whether individuals are well enough to attend
- Individuals (learners or staff) with diarrhoea and/or vomiting should not attend the educational setting until they have had no symptoms for at least 48 hours
- Individuals with unexplained rashes should be considered infectious until health advice is obtained
- Educational settings should keep a record of learners and staff with a medical condition or receiving treatment that may affect their immunity e.g. chemotherapy or high dose steroids. This is of utmost importance during outbreaks/ incidents of infectious disease
- If additional advice is required or an outbreak is suspected please contact your local health protection team (numbers are listed in Section 1) so appropriate advice can be provided

In the event of a learner or parent not co-operating with advice to keep learners away from the education setting please seek advice from your local health protection team.

Rashes/ Skin Infections

Infection or Complaint	Period individual to be kept away from educational Setting/ child minder	Comments
Athlete's foot	None, attendance at discretion of health care professional.	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles (blisters) have crusted over.	<i>See: Pregnant Women at section and Vulnerable Individuals at Section 18 .</i>
Cold sores, (Herpes simplex)	None, attendance at discretion of health care professional.	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash.	Preventable by vaccination and contained within the UK routine immunisation schedule (MMR x2 doses). <i>See: Pregnant Women at section 18.</i>
Hand, foot and mouth	None, attendance at discretion of health care professional.	Contact your local Health Protection Team if a large number of learners are affected. Keeping individuals from the setting may be considered in some circumstances.
Impetigo	Until affected areas are crusted and healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash.	Preventable by vaccination and contained within the UK routine immunisation schedule (MMR x2). <i>See: Pregnant Women and Vulnerable Individuals at Section 18.</i>
Molluscum contagiosum	None, attendance at discretion of health care professional.	A self-limiting condition.
Ringworm	None, attendance at discretion of health care professional.	Treatment is required.
Roseola (infantum)	None, attendance at discretion of health care professional.	None.
Scabies	Individual can return after first treatment.	Household and close contacts require treatment.
Scarlet fever*	Individual can return 24 hours after starting appropriate antibiotic treatment.	Antibiotic treatment is recommended for the affected child.

Infection or Complaint	Period individual to be kept away from Educational Setting/ child minder	Comments
Slapped cheek/fifth disease. (Parvovirus B19)	None (once rash has developed) attendance at discretion of health care professional.	<i>See: Pregnant Women and Vulnerable Individuals at Section 18.</i>
Shingles	Individual only to be kept away from setting if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local Health Protection Team, <i>See: Pregnant Women and Vulnerable Individuals at Section 18.</i>
Warts and verrucae	None, attendance at discretion of health care professional.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or Complaint	Period individual to be kept away from Educational Setting/ child minder	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting.	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be kept away from setting for 48 hours from the last episode of diarrhoea. Some individuals may need to be kept away from setting until they are no longer excreting.	Learners aged 5 years or younger and those who have difficulty in maintaining good personal hygiene need to be kept away from the education setting until there is proof they are not carrying the germ (microbiological clearance)adhering to hygiene practices need to be kept away from setting. This guidance may also apply to some people the individual has been in contact with that may also require microbiological clearance. Please consult your local Health Protection Team for further advice.
Cryptosporidiosis	Keep away from setting for 48 hours from the last episode of diarrhoea.	Individuals should not be permitted to swim for two weeks after the last bout of diarrhoea has ended.

Respiratory Illness

Infection or Complaint	Period individual to be kept away from Educational Setting/ child minder	Comments
Flu (influenza)	Until recovered.	<i>See: Vulnerable Individuals section 18.</i>
Tuberculosis*	Always consult your local Health Protection Team.	Requires prolonged close contact for spread.
Whooping cough* (pertussis)	48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination and contained within UK routine immunisation schedule. After treatment, non-infectious coughing may continue for many weeks. Your local Health Protection Team can assist in tracing people the individual may have had contact with if necessary.

Other Infections

Infection or Complaint	Period Individual to be kept away from Educational Setting/ child minder	Comments
Conjunctivitis	None, attendance at discretion of health care professional.	If an outbreak/cluster occurs, consult your local Health Protection Team for advice
Diphtheria *	Must not attend setting Always consult with your local HPT.	Preventable by vaccination and contained within the UK routine immunisation schedule. Family contacts must be kept away from setting until cleared to return by your local Health Protection Team. Your local Health Protection Team will consider the risk that any contact the individual has had with others if necessary.
Glandular fever	None, attendance at discretion of health care professional.	
Head lice	None, attendance at discretion of health care professional.	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Individuals should be kept away from setting until 7 days after onset of jaundice (or 7days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local Health Protection Team will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None, attendance at discretion of health care professional.	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis*/ septicaemia*	Until recovered.	Several types of Meningococcal disease are preventable by vaccination. There is no reason to keep siblings or other close contacts of the individual from attending education settings. In the case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local Health Protection Team will advise on any action is needed.

Infection or Complaint	Period Individual to be kept away from Educational Setting/ child minder	Comments
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to keep siblings or other close contacts of a case away from setting. Your Health Protection Team will give advice on any action needed.
Meningitis viral*	None, attendance at discretion of health care professional.	Milder illness. There is no reason to keep siblings and other close contacts of the individual away from setting. Tracing people the individual has had contact with is not required.
MRSA	None, attendance at discretion of health care professional.	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. If further information is required, contact your local Health Protection Team.
Mumps*	Keep away from setting for five days after onset of swelling.	Preventable by vaccination and contained within the UK routine immunisation schedule (MMR x2 doses).
Threadworms	None, attendance at discretion of health care professional.	Treatment is recommended for the individual and household contacts.
Tonsillitis	None, attendance at discretion of health care professional.	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 proper officer of the local authority (usually a Consultant in Communicable Disease Control or Consultant in Health Protection). In addition, organisations may be required via locally agreed arrangements to inform their local Health Protection Team. Regulating bodies may wish to be informed – please refer to local policy.

*Lists of notifiable diseases and advised periods that individuals should be kept away from settings are reviewed and updated periodically and can be accessed at: <http://www.legislation.gov.uk/ukxi/2010/659/schedule/1/made>

Outbreaks: if an outbreak of infectious disease is suspected, please contact your local Health Protection Team. Further information regarding vaccine preventable diseases and vaccines can be found at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

Appendix 3 - Outbreak Record

Learner/Staff Name	Date of Birth	Class/course	Date of onset of symptoms	Date of cessation of symptoms	Symptoms	Actions Taken	Date notified to EHO/HPT

Appendix 4 - National Cleaning Equipment Colour Code System



Appendix 5 – Check List Toilet Facilities

Compliance with Mandatory Minimum Standards and Good Practice

The following check list has been compiled with reference to *School Toilets: Good practice guidance for education settings in Wales* (WG, 2012), this document should be used in conjunction with the check list and is accessible from:

<http://gov.wales/topics/educationandskills/publications/guidance/schooltoilets/?lang=en>

The check list should be completed ideally at least once every term and an action plan compiled to address failures of compliance.

Person Completing Check list:

Designation (Member of Staff/School Nurse etc):

Date:

Name and Address of Setting:

Number of learners in setting:

Type of setting (Infant/Junior/Secondary/Special Needs School/University):

Person providing information if not same as person completing check list:

As there may be multiple toilet areas/blocks the check list should be completed for each area/block separately. Each area should be clearly identified to ensure an accurate audit trail of assessment.

Name/location of area: Toilet Facilities

	Mandatory Minimum Standards <i>The Education (School Premises) Regulations 1999</i>	Compliant Y/N or N/A	Actions Required
1	<p>Number of toilets for learners use:</p> <p>Learners aged 5 years or over: 1 toilet for every 20 learners</p> <p>Learners under the age of 5 years: 1 toilet for every 10 learners</p> <p>In special education settings: 1 toilet for every 10 learners, regardless of age.</p>		
2	<p>Number of wash hand basins located in toilet facilities:</p> <p>Where the majority of learners are under 11 years of age there should be as many washbasins as toilets</p> <p>Where the majority of learners are aged 11 years or over:</p> <ul style="list-style-type: none"> ▪ Washrooms with 1 toilet should have at least 1 washbasin ▪ Washrooms with 2 toilets should have at least 2 washbasins ▪ Washrooms with 3 or more toilets should have at least two thirds the number of washbasins as there are toilets. 		
3	<p>Segregation of male and female toilet facilities:</p> <p>Toilet areas for male and female learners aged eight years and over should be separate.</p>		
4	<p>Separate staff toilet facilities:</p> <p>Staff toilets, other than those designated for disabled access should be separate from pupil's toilets.</p>		

Toilet Facilities

	Good Practice	Compliant Y/N/ or N/A	Actions Required
1	Governing bodies are responsible for monitoring the settings' arrangements for health and safety management. This responsibility includes providing a brief statement in the setting's annual report on the provision of toilet facilities for learners registered at the setting and arrangements in place to ensure their cleanliness.		
2	A system is in place to monitor the cleanliness of toilet areas such as regular checks that are documented and evidence that action is taken when necessary.		
3	Toilets and fittings are the right size and height for the learners expected to use them.		
4	The toilet flush mechanism is working and easy to use even for small learners.		
5	Toilet Seats and Toilet Lids: <ul style="list-style-type: none"> ▪ All toilets have seats – those that have an opening at the front of the seat are the most hygienic ▪ All toilets have lids. 		
6	Soft toilet paper is provided in all cubicles.		

7	Toilet paper dispensers are mounted where they are easily accessible. A lockable cupboard for spares should be sited nearby.		
8	Disabled learners have fully accessible toilets that can be accessed quickly and easily from wherever they are in the setting.		
9	Taps and soap dispensers are suitable for users with poor grip, co-ordination problems and /or limited mobility.		
10	All toilet area wall, floors, ceilings, doors etc should be of a type that are impervious/non-absorbent and washable, easy to clean and capable of withstanding disinfection and other cleaning processes.		

Washbasins and Hand Hygiene

	Good Practice	Compliant Y/N/ or N/A	Actions Required
1	Washbasins are adjacent to all toilets and urinals		
2	Washbasins are in working order		
3	Every washbasin has hot and cold running water. A thermostatic mixing valve tap to control the hot water at each outlet to a pre-selected temperature typically 41 C is preferable		
4	If push taps are used they stay on long enough for individuals to wash their hands properly		
5	A minimum of one wall mounted liquid soap dispenser is provided between two washbasins Liquid soap is recommended – bar soap can transfer infection from one person to another		
6	Cartridge, disposable liquid soap dispensers are most appropriate		
7	Paper hand towels are recommended but need to be replenished throughout the day		
8	Supervision of hand washing and toileting for younger learners and those with special needs is provided		
9	Pictorial guidance is displayed in all toilet areas for learners and staff on when and how to wash their hands		

10	Toilet areas have lidded pedal waste bins for used hand towels which are emptied frequently enough to avoid overflowing		
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Drinking Water

	Good Practice	Compliant Y/N/ or N/A	Actions Required
1	Taps in toilet areas are labeled as non-drinking water		
2	Drinking water supplies of any sort are NOT located in toilet areas Settings should ensure that a supply of wholesome drinking water is available, free of charge with communication provided to clearly identify its location		
3	Individual water bottles retained in setting should: <ul style="list-style-type: none"> • Be washed at the end of the day in hand hot water and detergent, rinsed and left to air-dry upside down/washed in a dishwasher • Filled in the morning with drinking water taken from a mains water supply • be labeled with the learners name 		

Cleaning toilet areas

	Good Practice	Compliant Y/N/ or N/A	Actions Required
1	There is a designated person/company responsible for cleaning the toilet areas		
2	There is a written cleaning schedule for toilet areas including: <ul style="list-style-type: none"> • Frequency of cleaning toilet areas • Cleaning procedure following a spill of vomit/faeces/urine/blood • COSHH assessment sheets • Clear instructions on the appropriate use of chemicals provided for cleaning and disinfection 		
3	All toilet equipment, including cubicle seats are thoroughly cleaned at least twice a day which includes at the end of the day		
4	Washbasins are clean at the start of every day with a process in place to inspect and maintain this standard during the day		
5	Frequent hand contact areas, such as flush handles, taps, door knobs and waste bins are cleaned and disinfected regularly		
6	The toilet environment is cleaned at the end of each day with suitable cleaning materials that expel and deter germs		
7	Disposable cleaning cloths are used whenever possible		
8	Cleaning cloths used for toilet areas are NOT used in any other areas of the setting		

<p>9</p>	<p>Reusable mop heads are used and</p> <ul style="list-style-type: none"> ▪ Laundered daily at 60 degrees <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Cleaned in a designated area (never in a washbasin used for hand washing or food preparation) ▪ Cleaned with detergent and hand hot water • Rinsed with a suitable disinfectant/soaked for 20mins in suitable disinfectant • Wrung as dry as possible, dries as quickly as possible • Stored mop head facing upwards <p>Do not leave mops to soak in buckets of water/disinfectant</p> <p>Reusable mop heads are NOT used for cleaning spillages of blood or body fluid including vomit, urine and faeces</p>		
<p>10</p>	<p>Cleaning equipment used in toilet areas are colour coded to prevent use in other areas of the setting</p>		

Female sanitary products and disposal

	Good Practice	Compliant Y/N/ or N/A	Actions Required
1	<p>Sanitary machines</p> <ul style="list-style-type: none"> - Secondary education settings: each set of toilets(with two or more toilet cubicles) for girls has a sanitary dispenser - Primary education settings: minimum of one set of toilets for girls eight and over has a sanitary dispenser 		
2	Disposal bags/toilet paper are available in cubicles to wrap used sanitary products in		
3	Sanitary disposal units are available in all age appropriate female toilets within individual cubicles. Ordinary bins are not sufficient		
4	Sanitary disposal units are emptied sufficiently often by a registered company to prevent them becoming over-full or malodorous		

ACTIONS IDENTIFIED – Mandatory Minimum Standards

Compliance With Mandatory Minimum Standards <i>The Education (School Premises) Regulations 1999</i>	Actions identified	Action Plan/Comments	Date to be completed	Person Responsible
Toilet Facilities				

ACTIONS IDENTIFIED – Good Practice

Compliance With Good Practice	Actions identified	Action Plan/Comments	Date to be completed	Person Responsible
Toilet Facilities				
Washbasins and Hand Hygiene				
Drinking Water				
Cleaning toilet areas				
Female sanitary products and disposal				

How to handwash?

WASH HANDS ONLY WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB!



Duration of the entire procedure: **40-60 sec.**



Wet hands with water



apply enough soap to cover all hand surfaces.



Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



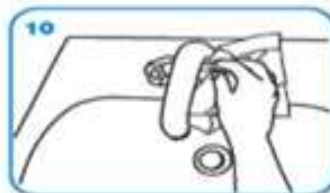
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



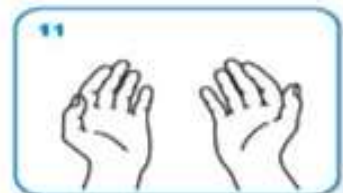
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

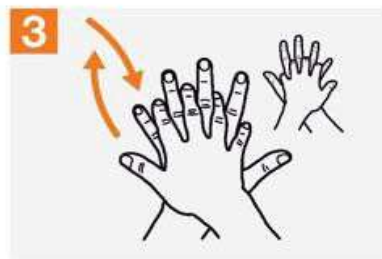
⌚ Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



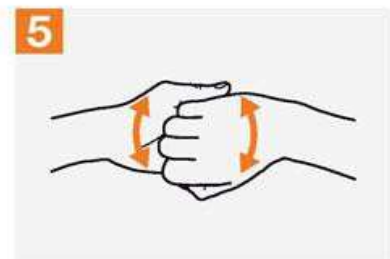
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



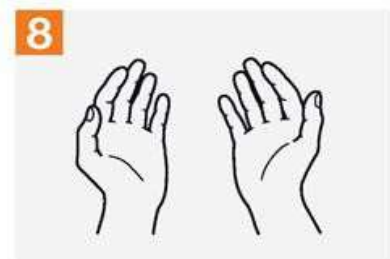
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



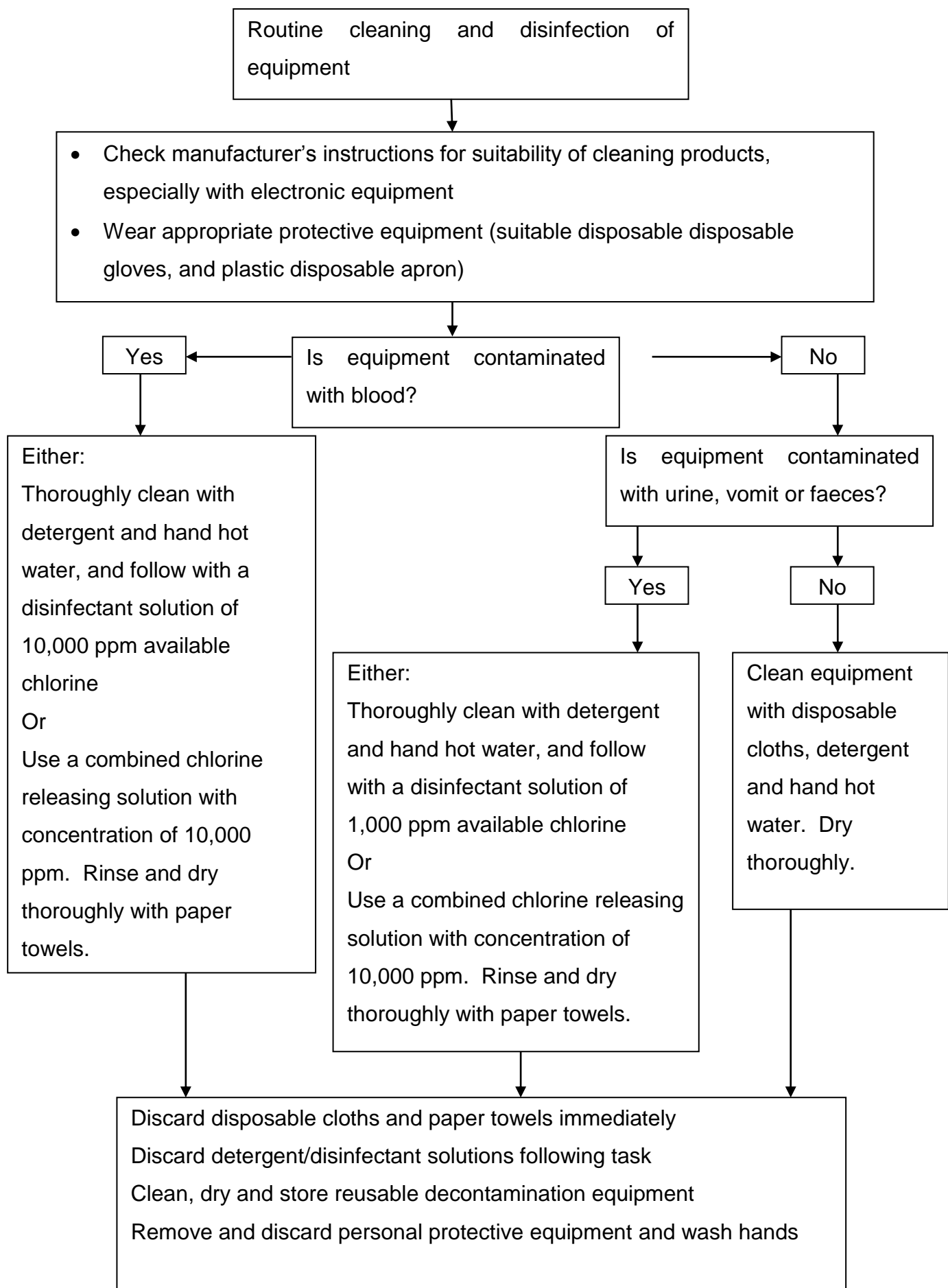
Once dry, your hands are safe.

 **World Health Organization** | **Patient Safety**
A World Alliance for Safer Health Care | **SAVE LIVES**
Clean Your Hands

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May 2009

Appendix 8 - Routine cleaning and disinfection of setting equipment



Appendix 9 - Contenance Pad Change Procedure

Equipment required

- Hand Wash basin hot and cold running water, liquid soap, disposable paper towels
- Waterproof change mat/changing area that is able to be decontaminated
- Disposable sheets for change mat/changing area
- Disposable plastic apron and disposable gloves
- Individuals own personal creams/pads/wipes
- Bags for soiled pads
lidded
- Foot operated, lidded waste
bin
- Disposable cloth
- Detergent
- Disinfectant (1000 parts per million available chlorine)

Combined detergent and disinfectant acceptable in place of separate detergent and disinfectantMethod

- Wash hands and put on disposable plastic apron and disposable gloves
- Place a clean disposable sheet over the change mat/area
- Remove the soiled continence pad and clean the skin
- Place soiled pad and wipes into plastic bag
- Apply cream if needed – change disposable gloves or use a clean spatula to dispense the cream
- Place plastic bag into waste bin
- Change pad
- Remove disposable sheet, place into waste bin
- Clean and disinfect change mat and any other areas that may have been touched during the procedure
- Clean - use hand hot water and detergent
- Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
- Thoroughly dry change mat and surrounding area/change area with disposable paper towels
- Dispose of PPE and wash hands thoroughly
- Clean and disinfect after each pad change even if there is no visible contamination

Appendix 10 – Routine decontamination of toilets procedure

Equipment required

- Disposable cloths
- Personal protective equipment (disposable gloves and disposable plastic apron)
- Detergent
- Disinfectant (1,000 parts per million available chlorine or combined detergent and disinfectant acceptable in place of separate detergent and disinfectant)
- Designated sink for cleaning equipment with hot and cold running water
- Mop and bucket (colour coded for use in toilet area only)

Method

Wearing personal protective equipment;

- Clean and disinfect toilets and frequent hand contact sites e.g. toilet flush, wash hand basin taps, surfaces, waste bins and door handles in the toilet area, ideally twice daily or immediately if found to be soiled clean - use hand hot water and detergent
- Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
- Store equipment in a designated area for cleaning equipment only
- Mop heads should ideally be either disposable or have removable heads
- If using reusable mop heads they should be laundered within a washing machine at a high temperature (at least 60°C) on a daily basis OR if not possible, mop heads should be cleaned using detergent and hand hot water, and then rinsed with a disinfectant solution (or ideally left to soak in disinfectant for 20 minutes after being cleaned). The mop should then be wrung out until as dry as possible, then dried quickly (head-up)
- Store mops in a “mop” up position, and not left soaking in buckets of water
- If using disposable mop heads, the heads should be disposed of as a minimum daily.
- Dispose of personal protective equipment, and wash hands thoroughly

Auditing compliance with infection prevention and control standards

NAME OF EDUCATION SETTING	
NAME OF PERSON COMPLETING AUDIT	
DATE AUDIT UNDERTAKEN	
DATE OF NEXT REVIEW	

Reviewed/ Updated April 2017

The Infection Control Audit Tool aims to encourage self assessment of establishments to promote evidence based best practice infection prevention and control standards, therefore reducing the potential for cross infection within education settings. All education settings have a duty to control the risk of infection which can be achieved by promoting best practice and therefore preventing, wherever possible, infection in learners and staff.

It is recommended that the audit tool is completed by a person within the setting designated as responsible as the lead for infection prevention and control.

- The person completing the audit tool should make comments for each question in the box provided.
- It is recommended that the audit tool should be completed every term and any issues identified as requiring action should aim to be addressed as soon as practicable, in accordance with the level of risk.

The audit tool should be used in conjunction with the document 'All Wales Infection Prevention and Control for Education Settings Guidance, 2017'

Appendix 11 – Education setting Infection, Prevention and Control Audit

STANDARD 1: INFECTION PREVENTION AND CONTROL ARE SEEN AS AN INTEGRAL PART OF THE DELIVERY OF SERVICE IN THE EDUCATION SETTING AND IS AFFORDED HIGH PRIORITY

General management

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	Is there a named lead person responsible for infection prevention and control?	Ask who the lead person is and do they know they are: 1. responsible for completion of this audit tool 2. Aware of relevant infection control guidance*				
2	Are there up to date local contact numbers available to obtain advice pertaining to infection prevention and control?	Ask for the list of contact numbers Check they are the most up to date				
3	Can the person in charge (on any shift) state who they would alert if they suspected an outbreak of illness?	Ask the person in charge to describe the actions taken				
4	Is there a record kept of all absences including sickness (staff and learners) and reason?	Check records Check for evidence of application of the 48 hr rule in cases of gastrointestinal illness i.e. the individual is kept away from school until 48 hrs symptom free				
5	Is information given to learners/parents about keeping learners with gastrointestinal illness away from setting?	Check if there is documentation provided to parents				

STANDARD 2: HAND HYGIENE WILL BE PERFORMED USING THE CORRECT FACILITIES AT THE APPROPRIATE TIME TO PREVENT CROSS INFECTION TO BOTH LEARNERS AND STAFF

Staff Health

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	Are hand wash basins used by staff and learners visibly clean?	Check for cleanliness				
2	Are all hand wash basins free from extraneous items?	Hand wash basins should only be used for hand washing. The use of nailbrushes is not recommended There should be no cups / other equipment in these basins				
3	Is hot and cold water available at all hand wash basins?	Mixer taps are preferred Temperature monitoring valves preferred				
4	Is liquid soap available for use at all hand wash basins?	Liquid soap available is suitable for frequent use Soap dispensers should not be topped up to minimise cross infection Bar soap should be removed				
5	Are paper towels available at all hand wash basins in an enclosed dispenser?	Paper towels should be soft tissue with sufficient supply in the dispenser at all times				
6	Are there foot pedal operated, lidded domestic waste bins available for the disposal of paper towels?	Visually check, check in working order				

7	Is hand washing promoted in the childcare setting using visual methods and demonstration?	Check for the presence of hand washing technique posters by hand wash basins and if staff supervise learners in their hand washing / drying Check that learners wash their hands before eating / after outdoor play				
8	Can staff list the occasions where they should wash their hands?	Ask 2 members of staff. May include: <ul style="list-style-type: none"> • After using the toilet • After taking a child to the toilet • After cleaning equipment/environment • After removal of disposable gloves • Before feeding learners • Before preparing or handling food 				
9	Can staff demonstrate a satisfactory hand washing technique?	Ask 2 members of staff to wash and dry their hands and observe				
10	Are learners encouraged to wash their hands at appropriate times?	Before eating After using the toilet After activities that may lead to soiling/contamination of hands				

STANDARD 3: THE ENVIRONMENT – TOILETS/CONTINENCE PAD CHANGE FACILITIES SHOULD BE MANAGED TO REDUCE THE RISK OF CROSS INFECTION TO LEARNERS, STAFF AND VISITORS

Toilet Areas

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	Are there dedicated hand washing facilities for staff in all toilet areas?					
2	Do staff have separate toilet facilities to learners?					
3	Are the toilet(s) visibly clean?	Check visually. Toilet seats, flushes and toilet bowls are cleaned at least daily and any contamination is cleaned immediately				
4	Are toilet(s) in a good state of repair?	Check for damage				
5	Is there a mechanism to ensure that toilet cleaning can be carried out as needed?	Check for a supply of detergent wipes or other cleaner				
6	Are toilets free from inappropriate items?	Check for items that are not used in a toilet				

Continence Change Facilities

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	Are there dedicated hand washing facilities for staff in the continence pad change areas?	The facilities should be located in the continence pad change area (should not have to leave the room to hand wash)				
2	Is the continence pad change area sited in a dedicated area within the setting and have items related to the procedure close to hand?	The continence pad change area should not be located near play areas / food preparation areas or used as a storage space A dedicated sink is located nearby used for cleaning (equipment) only.				
3	Are change mats in a good condition and fit for purpose?	Check change mats are waterproof, clean and intact				
4	Are change mats covered with paper towels before each use?	Check this procedure is in place and if paper is disposed of and renewed for each child				
5	Are change mats decontaminated between individuals?	Change mats should be decontaminated between each individual by: - Cleaning with hand hot water and detergent; Then - Wiping with a hypochlorite solution (1,000ppm) or suitable equivalent OR Use a suitable combined detergent-disinfectant equivalent to using the				

		two stage procedure above - Drying Use disposable cleaning cloths				
6	Are soiled disposable pads placed into an individual plastic bag (nappy sack)?					
7	Are there suitable lidded, foot operated containers for storing soiled continence pads?	Check visually				
8	Do learners have their own basket, creams etc e.g., sudocrem?	Check that there are no communal pots/tubes of cream used on learners. All learners should have their own individual creams/ointments etc				
9	Can staff demonstrate a continence pads change procedure that minimises risks of cross infection?	Ask/observe 2 members of staff to demonstrate the continence pads change procedure. Check points: <ul style="list-style-type: none"> • Correct hand washing procedure • Correct use of PPE • Minimising cross contamination by being hand conscious during the nappy change process • Whenever possible, staff undertaking continence pad changes are not food handlers 				

STANDARD 5 THE EDUCATION SETTING ENVIRONMENT WILL BE MAINTAINED APPROPRIATELY TO MINIMISE THE RISK OF CROSS INFECTION

CLEANING - GENERAL

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	All general areas clean and uncluttered?					
2	Are cleaning / disinfectant products available for decontamination of equipment and the environment?	Check there are cleaning and disinfectant products available that are appropriate for the environment and that there are instructions on use that follow the manufacturer's guidance e.g. poster Check COSHH data sheets are available				
3	Can staff describe which products to use for routine cleaning?	Ask 2 members of staff and check against local guidance				
4	Do staff know how to deal with blood / bodily fluid (faeces / urine / vomit) spills?	Ask a member of staff to describe the procedure. Is there a chart for staff to refer to?				
6	Can surfaces (floors, tables, chairs) be cleaned easily?	These surfaces should be made of an impervious material easy to wipe				
7	Are all furnishings and fitting in a good state of repair?	Where there is damage, check for evidence of action taken to ensure repair or replacement				
8	Are mops / buckets stored clean and dry and in an appropriate area?	Check storage and cleanliness of mops and buckets – equipment for kitchen area should be separate from those for other areas in the setting				
9	Are cleaning cloths single use?	Preferable to reusable to reduce the risk of cross infection				

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