



Knowsley Council

Infection Prevention Control (IPC) Policy and Guidance

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Knowsley Council

INFECTION PREVENTION CONTROL (IPC) POLICY AND GUIDANCE

References – [Guidance on infection control in schools and other childcare settings](#)

Appendices

[Appendix 1 – Hand cleaning technique poster / Let's wash our hands poster](#)

[Appendix 2 – General cleaning schedule](#)

[Appendix 3 – What to do if you suspect an outbreak in your setting - Bullet points or poster](#)

[Appendix 4 – Outbreak procedures and associated documents:](#)

- Outbreak questionnaire form and absence log
- Enhanced cleaning and disinfection schedule (Outbreaks only)
- Template letter for parents

[Appendix 5 – Outbreak containment kit \(content list with order numbers\)](#)

[Appendix 6 - National Projects and Educational material](#)



1 Introduction

Knowsley Council is committed to providing a safe and healthy working environment for employees and for protecting the health and safety of service users, visitors, pupils and members of the public. With these responsibilities in mind, Knowsley Council has produced an Infection Prevention Control (IPC) Policy and Guidance designed to help minimise and control the spread of potentially infectious diseases.

The guidance has been written in consultation with the Infection Prevention and Control Nurses, Knowsley Council's Occupational Health and Safety, Environmental Health, Public Health, Facilities Management and Education Improvement Services and Public Health England.

It is acknowledged that whilst problems associated with the spread of infectious diseases are not particularly frequent, the potential implications are widespread and can have serious implications such as large absenteeism and facility / building closures.

2 Scope

These guidelines are the principles of best practice and should be incorporated into the procedures and guidelines for individual services in relation to infection control.

3 Aims

The aims of the IPC Policy and Guidance are to:

- provide guidance on the appropriate action to be taken in the event of an outbreak or infection risk;
- reaffirm safe and hygienic working practices and promote these principles throughout all services, schools and nursery settings across Knowsley;
- protect confidentiality of service users, pupils and employees and guard against discrimination in line with data protection policies and procedures;
- provide contact details for the relevant internal and external support services to enable detailed advice and support to be provided in an efficient manner; and
- Establish and maintain consistency across Knowsley.

4 Procedures

The procedures contained within this document provide practical guidance about infection risks and the detailed steps that should be taken to ensure that any potential risk of infection is effectively controlled.

The guidance in this document may be used to provide a means of reducing and / or controlling hazards and the risks associated with them, therefore preventing the spread of infection.



All services must ensure that their risk assessments, policies and procedures are updated to incorporate / refer to the details of this policy.

5 Contact Details

Advice can be obtained by telephoning / emailing:	Tel number
Environmental Health and Consumer Protection Service environmentalhealth@knowsley.gov.uk	0151 443 4712
Infection Control & Prevention (IPC) Team Infectionpreventionandcontrolteam@5bp.nhs.uk	01925 664 851
Public Health England – Cheshire & Merseyside	03442250562 (press option 1 twice)
Corporate Health & Safety Team Corporate.Safety@knowsley.gov.uk	0151 443 3611
Occupational Health Unit DCR.OccupationalHealthUnit@knowsley.gov.uk	0151 443 5780
Strategic Lead for Education	0151 443 5614

6 Infection prevention and control measures

6.1 Standard precautions

Standard precautions provide basic safe working practices for employees, service users and visitors. All blood and other bodily fluids are potentially infectious and all personnel should take any necessary precautions to protect themselves at all times.

Key Principles include:

- Practice good basic hygiene including hand washing.
- Always cover staff / pupil's cuts or grazes with a waterproof dressing.
- Use personal protective equipment (i.e. aprons, gloves etc).
- Avoid inoculation injury, correct use of sharps bins etc.
- Deal with bodily fluid spillages appropriately and promptly using the correct equipment when doing so.
- Remove or isolate any contaminated equipment and laundry promptly.

6.2 Information and training

All services should ensure that the IPC Policy and Guidance is made available to all personnel as applicable. All applicable personnel should also receive basic infection control training and this should be in line with your policies, procedures and detailed in risk assessments. Training needs should be identified through the Personal Reviews and Development (PRD) process and / or inductions. Advice may be sought



from the Council's Occupational Health and Safety Team or through your service provider.

Where it has been identified, as part of a Risk Assessment that Personal Protective Equipment (PPE) is required then it is essential that it is provided, worn and used correctly at all times.

6.3 Notifiable diseases

Notification of infectious diseases' is the term used to refer to the statutory duties for reporting notifiable diseases under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#), [Public Health \(Control of Disease\) Act 1984](#) and the [Health Protection \(Notification\) Regulations 2010](#).

In relation to diseases caused by / at work, the Council's Occupational Health Unit must be informed immediately and reported to the Health and Safety Executive (HSE) once a confirmed diagnosis is given by the Council's OH Physician. It is the responsibility of the doctor who diagnoses the disease to notify the relevant enforcing body.

For some of these diseases, such as tuberculosis or food poisoning there may be further control measures which need to be taken. In these cases Environmental Health, Public Health England and the Infection Prevention and Control Nurses will work closely and liaise with services to discuss any necessary arrangements.

For information on Diseases notifiable to local authority proper officers please refer to the [Health Protection \(Notification\) Regulations 2010](#)

6.4 Immunisation of personnel at risk

Depending on an individual's role and / or working environment, it may be a requirement that the individual undergo a full occupational health check on commencement of employment which may include immunisations, including MMR (PHE 2014).

The Department of Health Publication: Immunisation against Infectious Disease (1996), identifies the following categories of employees, on the basis of risk, as requiring immunisation against a range of bacterial and viral agents.

Consideration needs to be given to:

- staff in residential or day care services for children who have learning disabilities, including schools, grounds maintenance, leisure services and any other staff as identified in the risk assessment who may be exposed to such diseases; and
- staff who work with children who present challenging behaviour.

It is unlikely that office and catering staff require immunisation because they are not generally in close contact with children.

Hepatitis B vaccinations, Mumps, Measles, Rubella and Tetanus

(There is no vaccination for Hepatitis C, E, F, or G)



If a role or working environment is likely to require immunisations then managers should refer to the services risk assessment for the appropriate control measures.

The risk assessment should typically include:

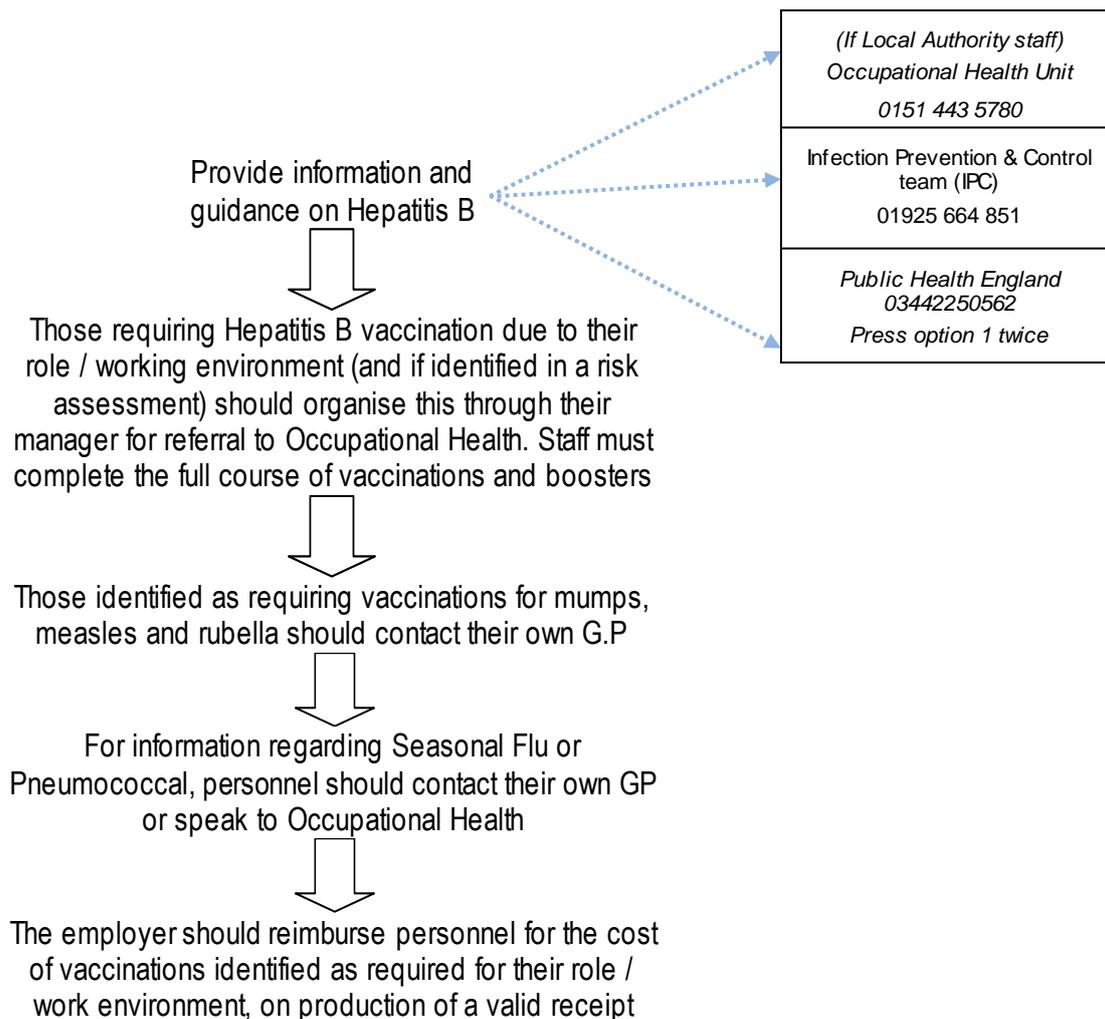
- Task description
- Hazard identification
- Persons at Risk
- Current control measures
- Further control measures (if required)
- Date of action completed and by who

They should be reviewed and updated as and when significant changes in practices and/or procedures change. Where no changes are made then they should be reviewed annually.

Other Immunisations

Tetanus – Tetanus remains a national immunisation and maybe a requirement of your job. Please refer to your risk assessment or ask your line manager for clarification.

Figure 1 – Arranging immunisation





NB – Managers should keep a record of those personnel who have been advised about immunisations and a register of employees who have been immunised should be kept and maintained in the individuals Occupational Health record.

The annual seasonal flu vaccination programme offers vaccinations to targeted groups, to reduce their risk of catching flu. Individuals identified at greater risk from the implications of flu include those over the age of 65 years, pregnant women, people with long term conditions and carers. There is also a universal flu vaccination programme for children aimed at reducing widespread transmission of the illness.

6.5 Accidental exposure and inoculation injury

Definition

Accidental exposure / inoculation injury can be defined as:

- Percutaneous injury – from needles, sharp instruments or equipment that are contaminated with blood or body fluids;
- Exposure of broken skin – abrasions, cuts etc that have come into contact with broken skin;
- Exposure of mucous membrane – eyes or mouth to blood or body fluids; and
- Bites – puncture wound inflicted by any individual.

In the event of an emergency situation relating to an incident where a person has suffered exposure or an inoculation injury, then they should notify the first aider and seek medical advice at the nearest drop in centre / hospital.

Sharps safety

Sharps include hypodermic needles, syringes with needles, scalpels, razor blades and general broken glass.

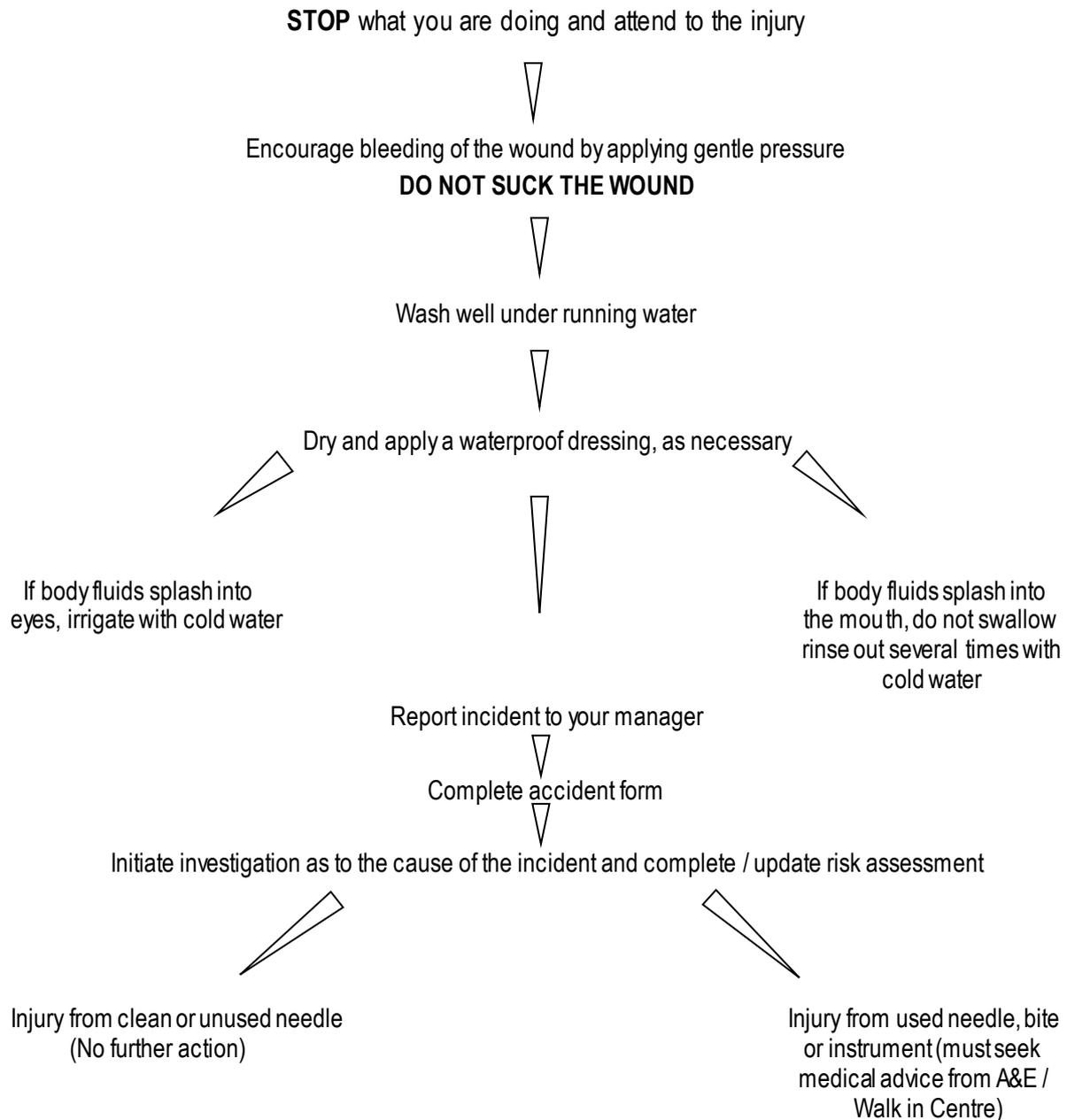
- If discarded sharps are found, the area should be restricted from service users, pupils and other staff members and you should call your waste and recycling provider for further advice.
- Wear gloves.
- All staff should be aware of their Hepatitis B vaccination status.
- In order to reduce the risk of injury, disposal arrangements should be identified in a written procedure to ensure authorised and safe disposal.

If your job or working environment is likely to put you at risk of needle / sharps or other inoculation type injuries then you should refer to your service risk assessment for the appropriate control measures. The risk assessment should include:

- Task description
- Hazard identification
- Persons at Risk
- Current control measures
- Further control measures (if required)
- Date of action completed and by who

In the event of an accidental exposure / inoculation injury follow the procedure and flow chart at figure 2 below:

Figure 2 – Immediate action following a needlestick injury



- Record the name, address and date of birth of the service user and details of the incident in your accident book.
- Seek medical attention from either A&E or a Walk in Centre and the doctor will make a clinical decision on the basis of the risk and may recommend any of the following:
 - Take a base line blood sample for storage
 - Offer Hepatitis B immunoglobulin and / or Hepatitis vaccination
 - Offer post exposure prophylaxis for HIV

Always report inoculation injuries

6.6 General spillage of blood and body fluids

All body fluids should be treated with the utmost caution as they have the potential to carry pathogenic micro-organisms.

Body fluids should be cleaned up promptly and safely using the methods described in these guidelines.

Trained staff should deal with body fluid spillage whenever they are available. When trained staff are unavailable other staff should deal with the situation but must follow these guidelines in this policy.

All schools and nurseries should have a '*SPILLAGE KIT*' for use when a spillage of blood or body fluid occurs. This kit should comprise of:

- White plastic disposable aprons
- Non sterile vinyl gloves
- Disposable cloths or paper towels
- Facial protection (face mask)
- Yellow clinical waste bag
- Chlorine releasing agent (Generally in granular form)

As above schools and nursery establishments should also have a sharps spillage kit containing:

- Dust pan and brush
- Heavy duty gloves
- Spare sharps box

These kits should be stored in a suitable container (e.g. plastic box) and stored in a location known to all staff. Standard precautions must be adhered to, i.e. plastic apron and gloves must be worn. If splashes are anticipated, facial protection should be used, i.e. face mask.

6.7 General cleaning of soiled equipment and furniture

Curtains, loose fabric chair covers, etc.

- These items should be washed at a temperature of 60°C or above.
- Foam seating, cushions and blankets should be disposed of if the foam becomes soiled and there is no effective method of cleaning them.

Carpets

- Where possible carpets and flooring should always be steam cleaned.
- If steam cleaning is not available or suitable for the surface then the area should be cleaned with an appropriate hypochlorite or virucidal detergent, diluted as per the manufacturers instruction and cleaning staff should wear a plastic apron, appropriate gloves and if necessary a face mask. After an outbreak of gastroenteritis or norovirus, it is best practice to have the carpets steam cleaned or washed by a specialist contractor. If the area is one where children play, the carpet or mat must be removed or the area closed to access

until the disinfection operation has been completed (Carpets should not be used in clinical and associated areas).

Blood, vomit and faeces (NOT urine)

- A chlorine based cleaning agent should be used e.g. Milton, Haz-Tab granules (dichloroisocyanurate, NaDCC), Titan Sanitizer granules (sodium hypochlorite NaOCl).
- The granules should be sprinkled liberally over the spillage and left in situ as per the manufacturer's instructions or for at least a minimum of five minutes. Wipe the powder and spillage up using disposable cloths and discard into a yellow clinical waste bag.
- If any glass / sharp objects are involved, debris should be cleared up using a dustpan and brush and heavy duty gloves and be disposed of in a sharps box. (A sharps spillage kit should be available)
- The area should be washed thoroughly with hot water and detergent, followed with a hypochlorite or Virucidal solution wash and then wiped dry.
- Dispose of protective clothing in a black waste bag.
- Wash and dry hands.

Urine

- Urine should be soaked up with paper towels, gloves should be worn. The area should then be thoroughly washed with detergent and hot water.
- Chlorine releasing agents must never be used directly on urine as chlorine gas may be released which is a respiratory irritant.

6.8 Protective clothing / personal protective equipment

To implement standard precautions staff must follow the Risk assessment (RA) associated to the task and wear the appropriate protective clothing as identified.

General guidelines in table below;

No blood/body fluid	Protective clothing may not required
Potential contact with blood/body fluid with minimal splash risk	Disposable gloves and apron
High risk of blood/body fluid splash	Moisture repellent facemask/visor gloves and apron

Gloves should be worn:

- When carrying out cleaning to provide a protective barrier.
- To prevent hands from becoming contaminated with organic matter or micro-organisms.
- To prevent introduction of microorganisms to wounds.
- To prevent trauma to the skin when carrying out domestic tasks.

Gloves are '*single use only*' items. Gloves should be changed between each person contact and task. Gloves must never be washed or attempts made to decontaminate them.



- GLOVES DO NOT REMOVE THE NEED FOR HAND WASHING
- HANDS SHOULD ALWAYS BE WASHED AFTER REMOVING GLOVES

Choice of gloves

The choice of gloves must be based on an assessment of the task to be undertaken.

Non-sterile gloves must be worn for all other procedures that have a potential for exposure to body fluids, products contaminated with body fluids or chemicals that could be harmful to the skin.

Latex gloves should not be used because it puts individuals at risk of an allergic reaction. Vinyl gloves are the best alternative to latex and should be used.

If you develop a skin condition or suspect that you may have a reaction to glove use then you should report the matter to your line manager and / or contact the Council's Corporate Health and Safety Team.

Gloves should always be worn if the hands have cuts or abrasions. It is not practical to cover them with waterproof dressings alone, or if there is an increased risk of blood exposure to the person.

Removal and disposal of gloves

Care should be taken not to contaminate the hands or the environment when removing gloves.

- Gloves should be disposed of as domestic waste.
- Hands should be washed after removing gloves.

6.9 Handwashing

Hands that have not been effectively washed have been shown to be a major cause of the transmission of infection.

Organisms present on hands are:

- Resident Organisms

These live in deep layers of the skin and are not easily transferred to other people and surfaces and are not removed by washing with soap and water. They are not normally able to cause disease. However, these organisms can multiply rapidly when hands are encased in gloves. This is one of the reasons for hand-washing after removal of gloves.

- Transient Organisms

These are the organisms picked up in contact with people, equipment and the environment and then carried to other people or equipment, etc. They are only located on the surface of the skin and are easily removed by effective washing with soap and water.

Effective and timely hand hygiene considerably reduces the risk of cross-infection and therefore protects the safety of personnel including pupils and service users.

Hands should be washed before:

- Preparing / serving of meals or drinks
- Consuming meals or drinks
- Close contact or when providing personal care

Hands should be washed between:

- Handling raw and cooked food

Hands should be washed after:

- Visiting the toilet
- Becoming visibly contaminated
- Contact with blood or other body fluids
- Handling used laundry or equipment
- Removing articles of protective clothing
- Being in close contact with a child or providing personal care.
- Preparing / serving meals
- Taking Gloves off
- Using a handkerchief
- Dealing with refuse/cleaning tasks

It is important to promote good hand hygiene practice. Young people should be encouraged to wash their hands before meals and after using the toilet or handling potentially contaminated objects.

Facilities should always be available to enable young people and staff to effectively wash and dry their hands.

Consideration should be given to situations where hand washing facilities are not available (e.g. school visits and in particular farm visits, off site workers i.e. grounds maintenance). In these situations sanitised wipes or sinks fitted in vehicles make a suitable alternative, until they can gain access to a sink or welfare facilities.

Routine hand washing procedure

1. Wet hands under running water and apply a dose of liquid soap.
2. Following the procedure (see Appendix 1) rub vigorously for 20-30 seconds, without adding further water. The aim is to physically loosen micro-organisms by friction before rinsing them away under running water. It is therefore essential that all aspects of the hands are rubbed.
3. Rinse hands thoroughly with running water.
4. Dry hands thoroughly on disposable paper towels. Hand drying physically removes many bacteria that have not been removed in the washing process. Damp hands will also encourage rapid bacterial growth and can cause sore and chapped skin.
 - Nails should be kept short and neat.
 - Bar soap, cloth towels and nailbrushes should not be used in any establishment as they can become reservoirs for micro-organisms.

Alcohol hand gel, Anti-bacterial wash and Hand cream

In situations where effective hand washing with water is not available (e.g. in a classroom) it is acceptable to use an alcohol hand gel to physically clean hands. Alcohol hand gel can also be used in situations where hands have not become physically contaminated but require decontamination.

Alcohol is not a cleansing agent and visible contamination must be removed first with liquid soap and water. Alcohol gel should not be considered as an alternative to hand washing. If alcohol gel is used, it must be kept out of the reach of young people.

Other antibacterial agents (e.g. antibacterial soap) should not be used for routine hand washing as they can be harsh on the hands and make them sore.

Hand cream, in dispensers or tubes (but not tubs) should be used. Staff with sore hands may have difficulty maintaining hand hygiene so suitable alternative arrangements should be made.

6.10 Toys

Choice of Toys

Toys are an essential part of childhood. They can be a mode of transmission for infection, if not regularly inspected and cleaned.

Toys purchased must all conform to British Safety Standards, i.e. no loose eyes, buttons, etc. They should be fire resistant. Consideration must be given as to how they will be cleaned.

Soft furry toys should be avoided where possible, however if they are used they must be able to withstand machine washing.

Toys should be washed routinely or immediately if they become contaminated.

Toys that become contaminated with body fluids (blood, vomit, faeces, urine) should be removed immediately and washed in hypochlorite detergent. If cleaning is not possible then they should be disposed of immediately.

- All toys should be routinely cleaned with hot water and detergent, rinsed and dried.
- At the end of every session when young people have used toys, they should be inspected for contamination and damage and cleaned or disposed of as appropriate.
- Dry thoroughly before re-use.
- Toys used for sand pits should be cleaned after every use with sand sieved after each session and changed each half-term.

Books

- Books should ideally be plastic covered in order to facilitate cleaning.
- At the end of every session when young people have used books, they should be inspected for contamination and damage and cleaned or disposed of as appropriate.



- Books should always be discarded if they become contaminated with body fluids or get wet.

6.11 Toileting issues for children

The government requires children from the age of 2 years to have a free part-time education place. This increases the likelihood that a number of children may not be fully toilet trained when they enter school nursery.

An increasing number of children with physical disabilities are entering the main stream school population. Some of these children may have a condition, for example spina bifida, which effects their bowel and/or bladder, potentially resulting in incontinence if left untreated. Modern approaches to treatment ensure that the majority of children with such conditions are able to manage their bladders and/or bowels so that they are able to remain clean and dry independently. In the early stages, however, these children may require additional support in school to help carry out their management.

Points to consider

Is the environment suitable?

The child will need easy access to the toilet and washbasin, the correct size cubicle and a changing area. Sufficient space will be needed to manoeuvre, particularly if the child is using a walking aid or is in a wheelchair and has to transfer. The location for the toilet should also be considered, i.e. not too far to get to. Wet floors are particularly dangerous for children with reduced standing and walking ability.

Is specialist equipment required?

The toilet and washbasin should be of an appropriate height or a suitable sized potty-chair may be used. A specialist toilet seat or grab rails may be needed to aid balance or help with transferring onto the toilet.

When should assessment of needs be carried out?

If the child has reduced mobility or problems with balance, assessment and provision of adaptations or equipment must be in place before the child enters school. This will avoid distress for the child or additional difficulties for school staff.

What kind of physical difficulties affect a child's independence with toileting?

If the child has reduced mobility it will take them longer to get to the toilet. Without adequate time the child will be more prone to 'accidents'. Toileting at regular intervals, rather than 'on demand' may therefore be more appropriate.

The child may have altered muscle tone, e.g. be 'floppy', 'stiff' or have 'poor control' of their movements. Balance and ability to sit and stand may therefore be affected. The degree of body involvement is also important when considering what the child needs, e.g. they use a wheelchair or walking aid due to problems with their legs or whether their difficulties are related to bi-lateral hand function. Communication difficulties may also affect the child's ability to become independent.

What other difficulties may the child have?

Young people may be over anxious, over active, have poor tolerance of handling or present with challenging behaviour. Activities to maintain their attention, a regular routine and praise will help them.

What if a child doesn't clean him/herself properly?

This may be due to problems with sensation, fear of the noise the toilet makes or a physical difficulty, e.g. manipulating the toilet paper, achieving arm movement or shifting weight to one side. Assessment to establish the cause of the problem is needed; the appropriate advice or treatment can be given.

What type(s) of clothing is the best?

Clothes that are made of a flexible material, have no fastenings and are easy to remove or pull down are the best. Children will also need sufficient time to undress and dress.

6.12 Food hygiene¹

What should anyone handling food do?

Apply standard precautions for hand hygiene (see: Section 6.9). Always wash and dry your hands frequently.

On entering the kitchen all personnel must be wearing protective overclothing such as apron, white coat, tabard etc (as detailed in school policy). Before preparing any food, drink or serving food, hands must be washed.

It is advisable also for food handlers who spend most of the time in the kitchen to wear over clothing of a type which completely covers their own clothing, rather than just an apron, as this is more effective at protecting food from any contamination.

The kitchen must be kept clean at all times in line with the documented cleaning schedule. Persons responsible for cleaning and managing the cleaning within the kitchen should use monitoring and sign off procedure to verify that tasks have been completed.

How should food be stored?

Food must be stored at the correct temperature, off the floor and in an appropriate place. To minimise the risk of contamination and any growth of food poisoning bacteria, foods must be used within the manufacturers' shelf life. Foods that display a 'use by' date are more likely to support the growth of food poisoning bacteria and therefore it is essential that these are not stored, frozen or used beyond that date.

Food should be stored in the appropriate place as soon as possible after delivery. All foods should be prepared, cooked, cooled and stored within and under strict controls measures, as defined in the food safety management system.

Good stock rotation should be practiced at all times to ensure old stock dates are used before new.

Dried food such as cereal must be stored in pest proof containers above floor level.

All food must be stored, handled, prepared and cooked in the correct manner which minimised the risk of any bacterial or physical contamination. The Food Safety and Hygiene (England) Regulations 2013 (Schedule 4) makes it clear that chilled food

¹ Author – Environmental Health, Infection Prevention and Control Team, Public Health Knowsley



must be stored at or below 8°C. Provision of a thermometer in the refrigerator, and keeping a daily written record of refrigerator temperatures, may assist food temperature monitoring.

All refrigerators should be maintained at 8°C. However good practice suggest 5°C provides the business with some allowance of movement should something go wrong. Having a thermometer inside the refrigerator and keeping a daily written record of the temperature will allow the monitoring of any changes which may put the food at risk of bacterial growth or spoilage.

The food safety management system within the school will provide the correct advice and food safety controls. However, if further advice is needed then your Environmental Health Department can be contacted.

The Department of Health advise that raw eggs be stored in a refrigerator at or below 8°C.

Strict procedures must be followed at all times to ensure that ready to eat foods do not become contaminated with raw meat and the juices or raw egg.

Where possible, separate refrigerators should be provided for raw and cooked, ready to eat foods. Where separate refrigerators cannot be provided then all prepared ready to eat foods should be stored at the top/middle and raw meats at the bottom.

All foods should be covered at all times to reduce the risk of contamination. Once opened/prepared and cooked all foods that are to be stored for use at a later date should be dated with an appropriate shelf life so that it is used/disposed of correctly. Jars or sauces should be dated with a use by date as per manufacturer's instructions once they have been opened.

It is recommended that sandwiches be prepared no more than 4 hours before serving and they must be kept refrigerated until ready to serve.

All foods prepared for hot holding must be kept at 63°C or above

Pet foods and utensils must not be stored, washed or handled in the kitchen or other areas used for preparation/storage of food.

Food preparation

- First stage clean with hot water and general purpose detergent to remove all visible debris
- Second stage clean with disinfectant which, where possible, has anti-bacterial properties
- Third stage clean by applying antibacterial to the work/contact surfaces

At all stages ensure that the recommended contact time is applied, allowing for the chemicals to work effectively (See appendix 2 – General Equipment Cleaning Schedule).

Health of food handlers

Regulation (EC) 852/2004 states that any person suffering from, or being a carrier of a disease likely to be transmitted through food, for example infected wounds, skin infections, sores or diarrhoea and/or vomiting is not permitted to handle food or enter any food-handling area in any capacity if there is any likelihood of direct or indirect contamination. Any person so affected and employed in a food business and who is



likely to come into contact with food is to report immediately the illness or symptoms and if possible their causes, to the food business operator or person in charge and if necessary they should seek medical advice. They should refrain from work and not return until **they have been symptom free for at least 48 hours**.

Any sores or cuts on the hands should be covered with a blue waterproof dressing as used by food handlers. This advice also applies to children who may be involved in the handling and preparation of food to be consumed at school, nursery or other child care setting.

When should food poisoning be suspected?

If there are two or more people in a setting who are presenting symptoms such as diarrhoea, vomiting, nausea, abdominal pain and fever this could be associated with food poisoning then you must contact the Environmental Health Department immediately. On contacting them they will initiate an investigation. They will also provide you with the necessary and appropriate advice. They will also liaise and work in partnership with Public Health England and the Infection Prevention & Control Team.

POINTS TO REMEMBER

- Frequent hand washing throughout the day as per Hand Hygiene
- Separate utensils must always be used for raw and cooked food.
- Temperature control of food is vital throughout all stages of food production.
- Do not serve dishes containing uncooked or inadequately cooked shell egg.
- Always defrost meat and poultry thoroughly in the refrigerator before cooking.
- Avoid reheating of food where possible.
- Always refrain from entering the work environment and report immediately any symptoms of diarrhoea, vomiting, infected wounds, skin infections and skin lesions to the manager/supervisor.

7 Communicable diseases, common infections outbreak management and infection control

7.1 Action to take in an outbreak

What is an outbreak?

An outbreak can be defined as *“two or more linked cases of the same illness or when the number of cases of the same illness unaccountably exceeds the expected number.”*

Outbreaks of infectious disease may occur from time to time in nurseries, pre-schools and schools. Their importance depends on several factors: -

- a. the severity of the disease
- b. the number of children affected
- c. the mode of transmission
- d. whether any specific action is necessary to stop further cases (e.g. immunisation, improving food-handling practices).

How do we know there may be an outbreak?

There are several ways in which nurseries, pre-schools and schools may become aware that they have an outbreak of an infectious disease.

- a. Several children may be ill in nursery, pre-school or school with the same illness.
- b. There may be a sudden increase in the number of absentees.
- c. Parents may advise the nursery, pre-school or school that their children are suffering from an infectious disease.
- d. Knowsley Council Environmental Health department, Infection Prevention and Control Nurse or Knowsley Public Health may contact the head teacher / deputy.

What should the officer-in-charge / head teacher / deputy do?

As soon as you become aware of a pattern in absence which may indicate you have an outbreak in the school you must act quickly to minimise the impact of the outbreak.

If the head teacher / deputy thinks there may be an outbreak he or she should contact Environmental Health as the first point of contact (0151 443 4712). They will offer you the necessary advice and if necessary advise you to implement the outbreak procedure and initiate the enhanced cleaning using the outbreak kit. They may visit the school and liaise with the Infection Prevention and Control Nurses.

In the event you cannot get hold of Environmental Health (0151 443 4712) then you should contact the Infection Prevention and Control Nurses on (01925 664 851).

It is helpful for the initial assessment of the situation if the officer-in-charge / head teacher / deputy can find out:

- a. How many children and staff are ill?
- b. What year group and class do they belong to?
- c. What are the symptoms?
- d. When did each child and staff fall ill i.e. when did symptoms first start?
- e. Identify an area that can be used to isolate individuals until they are able to leave the premises.

In the event that an outbreak is identified then the following actions are required:

- An nominated person is expected to fully complete the outbreak questionnaire daily and retain it on site, so it is available at all times and can be provided to the Environmental Health Officer or Infection Control Nurse (as requested) (See Appendix 4 - Outbreak questionnaire form and absence log).
- A visit to the premises may be carried out by the relevant investigating service to assess cleaning practices and offer further advice.
- Depending on the information provided to Environmental Health they may require information relating to the school menu's if there is a reason to believe the outbreak is food related.

Cleaning during an outbreak

Additional cleaning is required during outbreaks and must remain in place until advised.



- The enhanced cleaning and disinfection guidance for controlling an Outbreak (see appendix 4) must be implemented immediately when the outbreak is suspected.
- Should the outbreak be associated with a disease that requires a different type of cleaning, appropriate advice will be given.
- After an outbreak of viral gastroenteritis or norovirus, it is best practice to have carpets steam cleaned by a contractor with specialised equipment.

7.2 Identification and the role of authorised bodies

Environmental Health

It is the responsibility of Environmental Health to investigate outbreaks to determine whether it is viral or food poisoning. They will often work in partnership with the Infection Control Team. In certain circumstances, the Environmental Health Practitioner (EHP) may also assist in the assessment and control of outbreaks not thought to be due to food poisoning as part of their Public Health role (e.g. dysentery).

Role of Ofsted (Office for Standards in Education)

Where necessary the Ofsted help desk on **0300 123 1231** should be contacted, who will advise of any actions to be taken and of how to contact the local Child Care Regulator.

Role of the Infection Prevention and Control Nurse (IPCN)

Where necessary the Infection Prevention and Control Nurse will visit the nursery or school and will offer further advice on steps that may need to be taken by both the organisation **and** parents to prevent further cases.

Where appropriate the Infection Prevention and Control Nurse will speak to groups of staff or parents to answer their questions and concerns.

For certain infectious diseases (e.g. some cases of meningitis) the Infection Prevention and Control Nurse or local Health Protection Unit may deem it necessary for letters to be sent home to all parents.

Arrangements for this will be made through the officer-in-charge / head teacher as appropriate.

Strategic Lead for Education & Chair of Governors

In the event of an outbreak that affects staffing levels to such an extent that safeguarding and Health and Safety is compromised the Chair of Governors Strategic Lead for Education must be contacted before immediately any action is taken.

7.3 Management of diarrhoea and vomiting outbreak within the nursery, pre-school or school setting

- Inform the Head teacher / deputy.
- Ensure all staff are informed of the outbreak and made aware of this policy.



- Inform the Environmental Health Department on 0151 443 4712. They will provide you with any additional advice and if necessary will contact the Infection Prevention and Control Team.
- Action and implement Outbreak management plan and associated documentation as detailed in Appendix .

Remember!

- Gets the appropriate person to locate and open you outbreak cleaning kit.
- Complete the outbreak questionnaire and absence log (Appendix 4). This is to assist the investigating authority of outbreak numbers, whether people are adhering to the 48hr rule and the general progress of the outbreak. You should ensure the list is updated daily as required. If requested by the Environmental Health Officer or Infection Prevention Control Nurse the setting should distribute information to the parents. An example can be seen at Appendix 6.
- Children who have symptoms should remain away from school until they are **symptom free for 48 hours.**
- Staff members who have symptoms should stay off work until they are **symptom free for 48 hours.**

Ensure hot water, liquid soap and paper towels are available for hand hygiene, in both staff and children's toilets.

Nursery, pre-school or school staff should reinforce good hand hygiene with children especially after going to the toilet and before eating and drinking – supervision of hand washing should be undertaken by staff if appropriate.

Objects, which become contaminated when handled by children or may be placed in the mouth, are of particular significance. It is important that toys are cleaned appropriately after use (see Section 6.10).

Outbreak containment kit

The box is to be appropriately stored in line with your COSHH assessment storage arrangements.

- Following an outbreak the box must be restocked and stored away in an appropriate manner. This can be done through your appropriate cleaning contract provider or directly through the supplier (See Appendix 5). It is the responsibility of the school to ensure this is done.
- Any open cleaning materials from the kit must be used up immediately or dissuaded.

School closure

Should an outbreak be confirmed and staffing levels affected to such an extent that Safeguarding and Health and Safety is compromised, head teachers should contact their Chair of Governors to discuss the possibility of a school closure. Before any decision is reached contact must be made with the Strategic Lead for Education on 0151 443 5614.

7.4 Immunisation schedule



Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>. The school health service can advise on the latest national immunisation schedule.

7.5 Contact with animals

Many schools and nurseries keep animals, especially rodents, fish and birds all of which can carry disease. Reptiles should not be kept as pets as all species carry salmonella. Transmission of infection from animals to humans can occasionally occur and it is important that appropriate hygiene precautions are in place:

- A designated adult should be responsible for looking after school pets.
- A written cleaning schedule for hutches, cages, aquaria etc. must be in place and adhered to.
- Hands should be washed after handling any animals.
- Keep all cuts and wounds covered.
- Should an animal bite or scratch, follow inoculation procedures.
- Ensure pets receive regular veterinary care, vaccinations, worming etc.
- Pets must be kept away from kitchens and all surfaces where food is prepared.
- Waste from pets must be handled using the appropriate protective clothing, including gloves, and be disposed of in the appropriate external waste receptacle.
- Children should not play with pets unsupervised.

7.6 Outings to farms and zoos

There is a possibility of cross infection either by direct or indirect contact with infected animals. Infection is mainly acquired through hand / mouth transmission following contact with animals, gates, fencing and not washing hands before eating. Those in charge of the group (Group Leaders) should ensure there are adequate washing and toilet facilities at the location, and established infection prevention procedures in place. If there are no adequate washing facilities, it is advised that the visit does not take place.

Advice on offsite visits can be provided by the Council's Corporate Health and Safety Team on 0151 443 3611 or by visiting Knowsley Councils EVOLVE pages at:

https://evolve.edufocus.co.uk/evco10/evchome_public.asp?domain=knowsleyvisits.co.uk

At all times soap and water is the most effective means of hand hygiene. Wet wipes are useful but do not replace the need to wash hands regularly and as soon as possible.

It is imperative that children are aware of the hygiene procedures and are supervised at all times

Appropriate clothing should be worn if visiting muddy or wet pastures or land.



For further advice visit the Farming and Countryside Education website at <http://www.visitmyfarm.org/component/k2/item/339-industry-code-of-practice> or you can contact the Council's Environmental Health Department.

7.7 Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, those on high doses of steroids and conditions which seriously reduce immunity. These children are particularly vulnerable to chicken pox, measles or parvovirus B19 (slapped cheek syndrome) and if exposed to any of these, their parent / carer is to be informed immediately and medical advice sought. It may be advisable for these children to have additional immunisations such as pneumococcal and influenza.

7.8 Female staff / students / service users - pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated as per Public Health England. There are specific risks to a woman who is pregnant.

Chickenpox can affect the pregnancy if there has been no previous exposure. The GP / midwife must be informed and bloods taken for immunity. There is an increased risk of shingles if there has been no previous exposure.

Exposure to German measles (rubella) must be reported to the GP / midwife immediately to ensure investigation.

Parvovirus B19 (slapped cheek syndrome) can occasionally affect an unborn child. Exposure before 20 weeks gestation should be investigated promptly.

Measles can potentially result in early delivery or loss of the baby. Exposure must be reported immediately to ensure investigation.

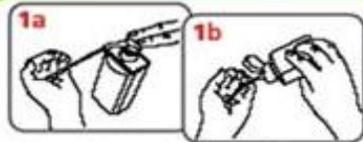
Appendix 1 – Hand cleaning technique poster



National Patient Safety Agency

HAND CLEANING TECHNIQUES

How to handrub? WITH ALCOHOL HANDRUB



Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces



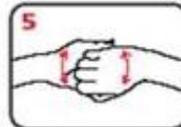
2 Rub hands palm to palm



3 Rub back of each hand with the palm of other hand with fingers interlaced



4 Rub palm to palm with fingers interlaced



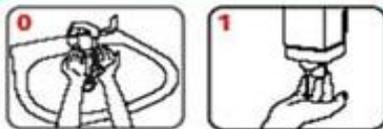
5 Rub with backs of fingers to opposing palms with fingers interlocked



9 Once dry, your hands are safe



How to handwash? WITH SOAP AND WATER



0 Wet hands with water
1 Apply enough soap to cover all hand surfaces



6 Rub each thumb clasped in opposite hand using rotational movement



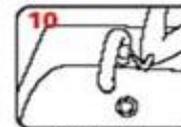
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Rinse hands with water



10 Use elbow to turn off tap



11 Dry thoroughly with a single-use towel



12 Your hands are now safe



Adapted from WHO World Alliance for Patient Safety 2006



Let's Wash Our Hands!

Whooshy washy!
Wet our hands
Under running water

Add some soap and
Rub them hard
Don't miss any part!

Between our fingers
Under the nails
Rid germs without fail

Front and back
And round the wrist
No germs will be missed!

They may hide
But we shall seek
So we will not fall sick!

Splishy splashy
Bye bye germs
Down the drain they squirm

With clean towels
We dry our hands
Now let's show our friends!



Palm to palm



Between fingers



Back of hands



Base of thumbs



Back of fingers



Fingernails



Wrists



Rinse and wipe dry

Remember to wash our hands:



After using
the toilet



After sneezing
or coughing



After playing
with pets



After sports or
playing outside



Before eating



Appendix 2 – General cleaning schedule

Item to be cleaned	Frequency and Method
Air Conditioning system	This should be managed by your site manager or an external contractor. These should be cleaned by a suitably qualified person at least annually and should be supported with a suitable and sufficient Risk Assessment.
AMBU-LIFT / Hoists	After every use wipe over with soap, hot water followed by your general cleaning detergent. Where available 70% alcohol wipe can be used. If this equipment is contaminated with bodily fluids then you should clean with a hypochlorite solution such as Milton (dilution rate should be followed in line with the labelling instructions)
Babies feeding bottle/teats	Pre-packed feeds are recommended. Failing this, thoroughly wash bottle and teat in hot water and detergent. If necessary salt may be used to remove milk. Rinse well. Submerge for 30 minutes in hypochlorite (Milton 1:80, 126ppm available chlorine) or until required for next feed. DO NOT rinse with water prior to re-use. Discard the Milton solution at the end of every day. If Milton tablets are used, add one tablet to 4.6 litres water. Always follow manufacturer's instructions.
Carpets	General sweep/clean daily as per your contract. Deep clean as per your contract. (Additional cleaning carried out during outbreaks).
Changing mats	Protective paper (blue roll) should be used on changing mats and changed after each baby. Wash mat after each use or whenever it becomes contaminated using hot water and detergent, then disinfectant using disposable colour coded cloth. Disinfectant wipes may be used. Mats must be discarded if waterproof cover is damaged.
Changing tables	To be cleaned after each use or when contaminated with hot water and detergent, then disinfectant, using disposable colour-coded cloth and dried thoroughly with a paper towel
Cots	Cots and framework should be cleaned with hot water, detergent and disinfectant after every use and when visibly soiled, using disposable colour coded cloth. If water proof mattress is soiled clean with hot water, detergent and then disinfectant and leave to dry, or dry thoroughly with paper towels. Change cover if necessary
Dummies	Use child's own. Wash with detergent and warm water and rinse. Store in Milton tans (1.80, 125ppm available chlorine). Soak for at least 20 minutes and rinse before use. If Milton tablets are used, add one tablet to 4.6 litres water (always follow manufacturer's instructions).
Facecloths	Do not use – disposable face wipes only
Face masks	Use single use only

Fans (electric)	These should be cleaned by a suitably qualified person at least annually or whenever they are visibly dirty/dusty
Floors	General sweep clean daily
Furniture and fittings	<p>Tables, chairs and high chairs – to be cleaned before and after every meal time with hot soapy detergent and colour coded cloths. Tables also to be cleaned with disinfectant and dried before meal and snack times</p> <p>Sofas – to be cleaned daily with hot water and detergent using disposable colour-coded cloth</p> <p>Beds – to be washed with hot water and detergent using colour coded cloth before and after use and dried thoroughly with a paper towel</p> <p>Furniture that does not have a waterproof surface will need to be thoroughly cleaned with hot water and appropriate detergent and where possible thoroughly steam cleaned if contaminated with blood or other body fluids.</p>
Nappy boxes	To be washed weekly using hot water and detergent using colour-coded cloth and dried thoroughly with paper towels
Nappy bins	To be emptied at least daily, and cleaned with hot water and detergent using disposable colour-coded cloth
Toys	See section 6.9
Electrical equipment and keyboards	These should be wiped over with a damp cloth by the user after every use. (Additional cleaning during an outbreak)
Cleaning Equipment	
Cloths	<p>RED – Bathrooms, sinks etc</p> <p>BLUE – Any general or nursery areas</p> <p>WHITE – Classroom sinks</p> <p>GREEN - Kitchen Areas</p> <p>YELLOW – Only to be used during an Outbreak</p> <p>All cloths used on a daily basis, should generally be discarded after use. However, if they are to be reused then they must be rinsed/washed and disinfected between uses. At the end of each day they should be washed at a temperature greater than 60°C (ideally in a washing machine).</p> <p>Cloths should then be dried immediately. If cloths are air dried then you must ensure they cannot become contaminated.</p>
Lavatory brushes	Preferably avoided. Should be rinsed in the water jet while flushing the toilet then stored dry. The holder should be washed once a week in hot water and detergent and dried with a disposable cloth.
Mop buckets and mops	Mop buckets to be washed with detergent, as per

	<p>manufacturer's instructions and stored upside down to dry.</p> <p>Mops with detachable heads should be used at all times. Detachable heads should be washed daily in hot soapy water, thoroughly wrung out and stored head upward to dry. Change mop heads weekly</p> <p>Colour coding for mops/buckets:</p> <p>RED – Bathrooms, sinks etc</p> <p>BLUE – Any General or nursery areas</p> <p>GREEN - Kitchen Areas</p> <p>YELLOW - Only to be used during an Outbreak</p>
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Appendix 3 – What to do if you suspect there to be an outbreak in your setting (Bullet points)

When to suspect an outbreak

If several children in the setting are ill with the same symptoms or diagnosis.

Immediate actions to take

1. Children and staff who develop symptoms should be sent home as soon as possible.
2. Identify an appropriate area away from other children, for sick children to be looked after until they are collected.
3. Collect information:
 - Number of children and staff in school/ setting; and
 - Name of each ill person, class and year group, symptoms and date they became ill.
4. Notify the Environmental Health Department on 0151 443 4712. They will provide you with all relevant information and where necessary will contact the Infection Prevention & Control Team.
5. Inform your domestic staff of the outbreak and ask them to clean as per the outbreak policy/procedure.
6. Reinforce the messages of regular hand washing for all children and adults.
7. When coughing/sneezing everyone should be encouraged to cover their mouth and nose with a tissue, washing hands after using or disposing of tissues.
8. Staff/parents of sick children should be informed to stay at home for a full 48 hours from the last symptom of the illness.



What to do if you suspect an outbreak in your setting

When to suspect an outbreak

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Appendix 4 – Outbreak procedures and associated documents:

1. Outbreak Questionnaire Form;
 - To be completed by the school when outbreak is suspected.
 - Absence log to be completed daily

2. Enhanced cleaning and disinfection guidance for controlling an outbreak;
 - To be implemented by the schools contract manager or
 - The school caretaker/maintenance where a contract is not in place

3. Draft letter for parents / guardians during a viral outbreak
 - To be sent out by the school under instruction of the Head or Deputy

1. Initial notification - Outbreak questionnaire form

School Name:

Address:

Head teacher:

Contact responsible for outbreak monitoring form:

Telephone Number:

Email:

Staff – pupil numbers:

Total no of teachers in school:

Total no of pupils in school:

Total number of children in nursery:

Number of affected persons:

Number of staff at time of reporting:

Number of pupils at time of reporting:

Which year groups and classes do they belong to:

*Diarrhoea / Vomiting / Nausea / Flu- like symptoms

Enhanced cleaning:

Has the enhanced cleaning been implemented: Yes/No

When was this started:

Any rooms affected by person vomiting - Room number/name:

Have you got additional cleaners in place:

Additional information:

Letter to parents/guardian

Letter sent out: Yes/No

Date sent out:

Notification to Environmental Health – 0151 443 4712

Lead outbreak control person you have been allocated:

Contact number:

Email:

Any additional information:

2. Enhanced cleaning and disinfection guidance for controlling an outbreak

You should ensure that the following steps within this enhanced cleaning procedure are applied and followed daily as soon as you suspect you have an outbreak within your organisation. They must remain in place until you are advised by Environmental Health or the Infection Control Team that the outbreak is considered over. Any delays in following this guidance could significantly increase the risk of the outbreak spreading throughout your organisation.

To reduce any risk of the virus spreading throughout the organisation and to sustain the most effective method of control you must use and apply the following;

Outbreak containment kit equipment list:

- 3 Yellow mop poles
- 3 Yellow mop heads
- 1 Pack of Jangro all-purpose yellow cleaning cloths
- 1 sleeve of disposable paper towels
- 1 Yellow cleaning bucket
- 2 pairs of heavy duty cleaning gloves
- 1 pack of disposable aprons
- 3 yellow mop buckets
- 1 roll yellow waste bags
- 5 Litre Jangro Virucidal Cleaner (Un-diluted)
- 1 Pelican pump 38mm White (CE130)
- 2 Yellow trigger spray head and bottles
- 1 x 750ml bottle of Jangro Virucidal Cleaner (Diluted)
- 1 Direct vented safety goggles (SA126)

Sluice sinks are to be used for the disposal of contaminated cleaning water. Where a sluice is not available then a specific toilet should be designated for the disposal of contaminated waste and the appropriate signage placed on the door to restrict use.

Method for effective removal and cleaning of the contaminated area with vomit/body fluid:

Some of these tasks may not be carried out by your cleaning contractor and may need to be completed by the site management. In these cases you must ensure the necessary arrangements are made without delay.

1. Isolate the affected area, for example, with appropriate warning cones
2. All cleaning operatives must wear protective clothing – Disposable gloves and disposable apron in necessary
3. Place any soiled soft furnishing (cushions, blankets, soft toys) in heavy duty waste bag and IMMEDIATELY tie the bag to avoid any leakage. Remove to an appropriate designated area for cleaning or disposal.
4. Clean all areas with a white cleaning cloth, hot water and cleaning using solution to remove all traces of the contamination. DURING AND IMMEDIATELY AFTER you have completed this task put the contaminated cleaning materials, disposable towels, mop head, gloves and disposable apron into a clean heavy duty waste bag and remove to the external waste disposal immediately.

5. Wash your hands
6. Empty any contaminated cleaning solution from the bucket into designated toilets or sluice sink. Rinse/clean the bucket to ensure removal of any contamination.
7. Wash your hands
8. Put on new gloves and apron. Put on a new mop head and fill your bucket with designated virucidal solution. Ensure you follow the dilution rate on the bottle
9. Return to the affected area. Clean the whole area and ensure you wipe down any area of possible splashing. All hand contact surfaces within the area must be considered (door handles, drawer/cupboard fronts, desks, tables).
Always allow adequate contact time for the virucidal solution to be effective, recommendation is 10 mins or alternatively follow the instructions on the label
10. Consider any facilities provided within the organisation which may be used and shared between individuals (such as water bottles, water fountains). The use of these shared items can significantly increase the risk of the virus spreading and it is strongly advised that you consider taking them out of use during the outbreak and provide alternative means of providing the item/facility.
11. Arrange or carry out steam cleaning of any furniture/carpets in direct contact or close proximity to the contamination

Never: Reuse cleaning solution water between areas (1 Job = fresh solution)

Never: Clean with the Virucidal solution first. **You must always** remove any contamination first with hot water and detergent

Never: Place any contaminated materials in a general bin within the building as it increases the risk of the virus spreading

Never: Use an open bottle of Virucidal that has been left following an outbreak (once open use it all or dispose of it immediately)

Enhanced daily cleaning and disinfection of the organisation:

Daily clean of all contact surfaces (as listed below), corridors and toilets must be completed effectively with hot water and general purpose detergent, followed with the virucidal solution. Ensure you allow the recommended contact time as per the label or as detailed above.

Contact surfaces*

- Door handles and door opening buttons
- Light switches (carefully)
- Floors in toilets
- Toilet seats
- Toilet flush handles
- Toilet roll holders
- Toilet door handles
- Toilet bowls
- Wash hand basin taps
- Hand contact surfaces i.e. hand rails, door handles
- Wash hand basins
- Liquid soap dispensers
- Wash hand basin tiled splash-backs
- Floors in corridors

- Desks and tables in classrooms
- Computer key boards (School staff)
- Telephones (especially if staff have symptoms)
- Photocopier

Communal areas*

- Toilets blocks
- Corridors
- Dining rooms
- Staircases
- Communal seating areas

*These are not exhaustive lists

Always: Use the designated yellow buckets, yellow disposable mops heads and white cleaning cloths/disposable paper towels

Always: Wash and change the water in the mop buckets between different toilet blocks and corridors.

Always: Change cleaning cloth in between toilet blocks

Outbreak over – Deep clean:

Once you have been informed by Environmental Health that they consider the outbreak over you should;

- Maintain good hygiene practices.
- Maintain good general cleaning within classrooms and throughout the setting.
- Where possible remove any clutter of personal belongings including coats, gym kits, lunch boxes etc to assist with ongoing cleaning.
- Replace any items in your outbreak kit that have been used.

Health and Safety

Always: Use chemicals in line with the label instruction and data sheets.

Always: Wear / use the correct personal protective equipment

Always: Consider the Control Of Substances Hazardous to Health (COSHH) risk assessment when handling, using and storing chemicals.

Never: Place chemical in un-labelled bottles.

Never: Mix chemicals.

3. Draft letter for parents / guardians during a viral outbreak

Dear Parent / Guardian

Support in Managing Outbreaks

Over the past few months there have been a number of infectious illnesses affecting young children in Knowsley. These have included febrile illnesses (those which cause a fever), and norovirus which causes diarrhoea and vomiting. We have also seen an increase in scarlet fever locally and nationally.

Schools and parents play an important role in reducing the spread of these illnesses and I would request that parents / guardians please follow the advice shown below:-

- Thorough hand-washing with liquid soap and water is a vital infection control measure. Make sure that all children, specifically those with learning difficulties, have any help they may need with personal hygiene.
- It is important to let the school know the nature of the illness when reporting sickness absence for your child. Schools need to keep daily records of the numbers of children off so that any outbreak can be identified quickly and appropriate actions taken.
- **Children displaying the symptoms of diarrhoea and/or vomiting should always be kept away from school as they may pass on the infection. Children should always be kept at home for 48 hours after their last episode of diarrhoea and vomiting, as they can remain infectious.**
- Early signs of scarlet fever to look out for are sore throat, headache and fever with the characteristic pinkish/red sandpapery rash appearing within a day or two, typically on the chest and stomach but then spreading to other parts of the body. Individuals who think they or their child may have scarlet fever should seek advice from their GP without delay as prompt antibiotic treatment is needed to reduce the risk of complications.
- As scarlet fever is highly contagious, children or adults diagnosed with scarlet fever are advised to stay off school or work until at least 24 hours after the start of antibiotic treatment to avoid passing on the infection.
- Most infections are spread by close contact. Infected children should be kept away from school staff and other children.

Many thanks for your help in this regard.

If you would like further information, this can be accessed via the NHS Choices website at: www.nhs.uk

Yours sincerely

Appendix 5 – Viral outbreak containment kit - Inventory and stock order codes

- 3 Yellow mop poles (HA025-Y)
- 3 Yellow mop heads (HA024-Y)
- 1 Pack of Jangro all-purpose yellow cleaning cloths (CG017-Y)
- 1 sleeve of disposable paper towels (AE234)
- 1 Yellow cleaning bucket (CL061-Y)
- 2 pairs of heavy duty cleaning gloves (DG040-Y-M)
- 1 pack of disposable aprons (DG025-B)
- 3 yellow mop buckets (CL056-Y)
- 1 roll yellow waste bags (CM160-Y)
- 5 Litre Jangro Virucidal Cleaner (BA053-5)
- 2 Yellow trigger spray head and bottles (CE014 – CE001)
- 1 Pelican pump 38mm White (CE130)
- 1 x 750ml bottle of Jangro Virucidal Cleaner (Spray bottle) (BA053-75)
- 1 Direct vented safety goggles (SA126)

Who is responsible for replacing your Outbreak Containment kit;

- **If you have a contract through Knowsley Council** then you contract manager should be responsible for the replacement/replenishment of your Kit. However, you should ensure that this task has been completed.
- **If you do not hold a contract with the Council** then you can contact Wray Bros Ltd on;
T. 0151 709 2271
Email. sales@wraybros.co.uk
- **If the school requires an additional outbreak containment kit** for the caretaker/maintenance to distribute and use when contract cleaners are unavailable then it will be the responsibility of the relevant person to purchase and maintain the availability of this kit.
- You must also ensure it is adequately stored in line with COSHH.

You can order:

- Complete Norovirus kit (to replace like for like) – Order No: **NOV001**
- Norovirus Refill kit – Order No: **NOV002**
(No mop poles, buckets, trigger spray head, 600cc bottles and pump)
- Individual items (As per the order numbers stated above)

Cost* - Full Kit - £43.50

Refill Kit - £20.08

For individual items then the costs will differ depending on your requirements

*Cost - Subject to change.

Appendix 6 - National Projects and Educational material

1. NHS Choices and the Food Standards Agency have conducted a significant research project looking at how we can best tackle some of the issues of misinformation surrounding winter vomiting bugs. More information on the project can be found at [NHS Choices](#)

There is an information pack which you may like to consider adding to the school website to inform parents about [Norovirus](#)
This material forms part of a wider digital campaign which will be launched later this winter.

2. Teaching plans and resources to support learning in schools on a range of issues related to infection prevention and control [e-bug](#)