

Caldecott Foundation Infection Control Policy

1.0 Introduction

The Caldecott Foundation is committed to providing a safe and healthy environment for all children, employees, and visitors across our residential homes, primary and secondary schools, boarding provision and Caldecott Fostering. This policy outlines the procedures and practices to manage and control infections, including COVID-19, influenza, hepatitis, norovirus, and other contagious diseases, in compliance with the Health and Social Care Act 2008 and its Code of Practice on the prevention and control of infections and related guidance.

Children are more vulnerable to infections due to their immature and developing immune systems. Schools, boarding provision and residential settings provide an ideal environment to increase this risk of infection due to shared environments, constant child to child interactions, shared toys, equipment and play activities and dependence on others to provide care. Young children may also be less aware of good hygiene practice, as they touch their noses and mouths often without handwashing.

Also, there are often vulnerable young children in these settings. The spread of infection does not just stop at the school or childcare setting either; the children pass it on to their siblings, friends and family – out into the wider community as they go from place to place.

All those involved in the care of children should be educated about and aware of the risks of infections within their individual setting. Effective prevention of the spread of infection is most reliably achieved by education and awareness of all those involved in these activities.

The aims of these guidelines are:

- To provide advice for employees working in schools, nurseries and childcare settings to help minimise the risk of the spread of infection within their area.
- To provide contact names and telephone numbers, should more detailed advice be needed regarding communicable disease or infection prevention and control.
- To provide easy reference on basic hygiene and the general standards of practice to prevent or limit the spread of infection, that all employees should be familiar with.
- To provide specific information and guidance on the recognition and management of some common communicable infections
- To outline the action to be taken if an increase in illness is noted in the school, boarding provision or childcare setting

2.0 How infection is spread

2.1 The respiratory route

Sneezing, coughing, singing or even just talking may spread respiratory droplets from an infected person to someone else close by. Droplets from the mouth and nose may also contaminate hands, cups, toys or other items and spread infection to others who may use or touch those items. Staying away from settings when ill and good hygiene are important in preventing spread. However, it is often difficult to control the spread of these diseases since people often spread the organisms during the incubation period before they themselves develop symptoms. Children may have little resistance to these infections and inevitably there is close contact. These factors increase the spread of infection. Examples of infections spread

by the respiratory route are the common cold, measles, chicken pox, scarlet fever, mumps, influenza, and meningococcal infection.

2.2 Intestinal (faecal-oral) route

The bacteria and viruses that cause these infections are present in the intestinal tract of affected persons who usually have diarrhoea, but they may be symptom-less carriers. They spread in their faeces to others either directly on hands or indirectly via food or objects like toys or toilet flush handles. Spread can also occur because of animal vectors such as cockroaches and other pests. Viral gastro-enteritis can also be spread by environmental contamination when vomiting occurs since the vomit contains large numbers of infectious viral particles. Examples of infections spread in this way are hepatitis A and gastroenteritis.

2.3 Direct contact Infections

Infections of the skin, mouth and eye may be spread by direct contact by touching an infected area on another person's body or through a contaminated object such as a shared towel or hat. Some of these infections are associated with poor personal hygiene and may be associated with infection in other members of the family. Early medical treatment and close attention to hygiene will usually prevent the spread of these infections. Examples are scabies, head lice, ringworm and impetigo.

2.4 Blood borne virus infections (to be read in conjunction with Caldecott Policy on Blood Borne Viruses [Blood Borne Viruses \(BBVs\) \(trixonline.co.uk\)](http://trixonline.co.uk))

Blood borne virus infections are uncommon in young children. They include infection with HIV, and hepatitis B and C infections. For infection to occur there has to be transfer of blood or body fluids from an infected person to another person through a break in the skin such as a bite cut or injection or through splashes in the eye. Spread can also occur by sharing razors, toothbrushes or other personal equipment used by an infected person, which has possibly got their blood on it. These viruses cannot be passed by sharing food, utensils, baths or toilets or by touching. Spread can occur during sexual intercourse.

3.0 Standard Infection Control

3.1 Precautions

The following hygiene precautions are recommended as safe practice for all carers. These precautions will provide protection against blood borne viruses and other infections, which may be transmitted via blood and body fluids. They should be incorporated as standard practice at all times.

- Always keep cuts or broken skin covered with waterproof dressings
- Avoid direct skin contact with blood or body fluids
- If blood is splashed onto the skin, it should be washed off immediately with soap and water.
- Splashes of blood into the eyes or mouth should be washed immediately with plenty of water
- Wear disposable gloves when contact with blood or body fluids is likely
- Always wash hands after removing gloves
- Always wash your hands before and after giving first aid
- Never share toothbrushes and razors as they might be contaminated with blood

- Teach children about avoiding contact with other people's blood as soon as they are able to understand how to protect themselves
- Teach children to wash their hands before meals and after using the toilet.
- Avoid exposure to needles and take particular care if disposing them

4.0 Handwashing

4.1 Good hand washing is the single most important measure in the prevention of the spread of infection. Appropriate hand washing facilities are very important for both carers and children. These should include:

- Hot and cold running water
- Liquid soap
- Disposable kitchen towels

4.2 It is important to follow the guidelines below when hand washing:

- Wet hands before applying soap
- Rub hands vigorously, ensuring all surfaces of the hands are cleansed.
- In particular- between fingers and around fingertips; around thumbs and wrists; palms; back of hands;
- Rinse soap off thoroughly and dry hands with a disposable paper hand/kitchen towel.
- The use of communal cloth towels for hand drying has been associated with the spread of infection and must be discouraged.

4.3 There are specific times when hand washing is essential:

- After using the toilet
- After sneezing or blowing your nose
- Before eating, drinking or preparing food
- When hands are visibly soiled

5.0 Use of Gloves and Type of Gloves

5.1 The use of gloves provides a barrier for the user. However, they are not an alternative to good hand washing practices. There is only likely to be a risk of contracting an infection if there are open cuts; fresh abrasions; or eczema on the hands, as intact skin provides a barrier to protect against infection.

5.2 Household rubber gloves are ideal for general cleaning purposes.

5.3 Disposable vinyl gloves are ideal when dealing with excreta or blood-stained materials. Latex gloves are not recommended.

5.4 Co-polymer (polythene) gloves provide little protection and should not be used.

5.5 Where gloves are used hands must be thoroughly washed following the removal of gloves.

6.0 Dealing with Splashes of Blood or Body Fluids (to be read in conjunction with Caldecott Policy on Blood Borne Viruses [Blood Borne Viruses \(BBVs\) \(trixonline.co.uk\)](http://trixonline.co.uk))

6.1 Splashes of blood on the skin should be washed off immediately, with soap and hot running water.

6.2 Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.

6.3 It is recommended that spillages be dealt with in the following ways

- Small spills or splashes on floors or other hard surfaces should be cleaned with detergent and hot water
- Large spillages should be removed with paper towels and the area cleaned with hot water and detergent
- The affected area should be wiped with disinfectant.
- If it is not possible to use a disinfectant or sterilisation solution, then the area should be thoroughly cleaned a second time using a fresh solution of detergent and water. Carpets and upholstery can then be cleaned using a cleaner of choice.

7.0 First Aid Care

7.1 The following safe practices should be followed by the person giving first aid care:

- Cover any minor cuts or abrasions on hands or arms with waterproof dressing.
- Wash hands thoroughly, using hot running water and soap, before and after giving first aid care.
- Hands should be dried properly, using disposable paper towels.
- Minor cuts and grazes should be cleaned using clean water and disposable paper towels or tissues. A plaster or dressing (individually wrapped) can be applied if required.

7.2 These first aid measures may not be sufficient when dealing with penetration of the skin with:

- Needle stick or other sharp object
- Bite which causes bleeding or other visible skin punctures
- Contamination of non-intact skin, conjunctive (lining of the eyes) or mucous membranes, for example, the lining of the mouth, throat, nose, genitals.

7.3 It is advisable to consult the GP as soon as possible in such cases. In these cases, the risk of infection is greater, and the GP may wish to arrange for an immunoglobulin injection to protect the patient.

8.0 Dealing with Nose Bleeds and Cuts

8.1 Where possible it is advisable to wear disposable gloves. Once used, the disposable gloves should be discarded into a bin fitted with a plastic liner.

8.0 Dealing with Diarrhoea or Vomit

8.1 Disposable gloves and plastic apron should be worn. The area should be cleaned using the procedure described for dealing with blood or blood-stained spills.

8.0 Linen

- 8.1** Linen and clothing contaminated with blood and body fluids can be washed in a domestic machine and should be washed at the highest temperature the fabric can withstand. Where possible, linen should be washed at 90°C. However, this will ruin some clothes, therefore a decision has to be made about the risk, in the individual case. Household gloves and cold running water should be used to remove soiled substance prior to washing and any solid matter i.e. faeces and vomit should be flushed down the toilet.

9.0 Disposal of Waste

- 9.1** Paper towels, together with gloves and aprons should be double bagged in a plastic waste sack prior to disposal, the top tied and placed in household waste bin for collection.
- 9.2** Contaminated waste such as, nappies and incontinence pads should be adequately wrapped and be free of excess fluid prior to disposal.
- 9.3** Sanitary towels and tampons should be disposed of in sanitary bins where possible or allocated bins in homes.
- 9.4** Vomit, urine and faeces should be flushed down the toilet.
- 9.5** In some individual cases, a child's general practitioner may identify a specific infection control risk associated with their medical condition and may make additional arrangements for disposal of waste via the contracted contaminated waste disposal company.