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Revision History

Version	Date	Reason for most Recent Revision
v1.0	January 2019	New document
v1.1	January 2022	Revised to include Pandemic Infection Table and expanded Environmental Cleaning - Appendix A



Contents

Introduction	3
Infection Control Measures	3
Suspected Infection in Children or Staff	3
Hand Hygiene	3
Personal Protection Equipment (PPE)	4
Respiratory Hygiene / Cough Etiquette	4
Cleaning of blood and body fluid spillages	4
Clinical Waste	4
Medication Storage, Temperature Control and Equipment Maintenance	4
Guidelines for Outbreak of Infections in School	5



1 Introduction

This policy has been written in line with the current guidance from the Bahrain Ministry of Health and the United Kingdom National Health Service to provide a set of measures to reduce the spread of illness, through cross infection, in the School.

The aims and objectives are to:

- Provide the school community with guidance when preparing for, and where possible preventing the spread of infection within the school.
- Outline ways of avoiding infection and communicable diseases, including hand washing, general hygiene and maintaining a clean environment.

2 Infection Control Measures

2.1 Suspected Infection in Children or Staff

A child or adult who has contracted an infectious disease often feels generally unwell with symptoms that might include feeling cold and shivery, fever, headache, vomiting, unusual tiredness and sore throat. This usually happens before the development of a rash or any other symptoms typical to the infection. If a child is unwell at school, the parents/guardian should be contacted so that they can collect the child with a view to consulting their GP if necessary. If a child or staff member presents with a temperature, the following action will be taken by the school nurse.

- Temperature of 37.3 with symptoms of illness will be sent home
- Temperature of 37.5 or above with or without symptoms will be sent home

In the meantime, the child should be taken to the Health Unit and kept comfortable until a parent arrives.

If a child returns to school the following day, the child is to present themselves at the Nurses Clinic to have their temperature taken in the morning and again at lunch time. If they have a fever, parents will be contacted and the child will be sent home, with the same process followed again the following day.

2.2 Hand Hygiene

Good hand hygiene is critical to reduce the risk of spreading health care and community-associated infection including multi-drug resistant organisms. Children are encouraged to wash hands frequently throughout the school day after toileting, prior to eating, and after outside play.

Handrubbing with 70-80% Alcohol-based Handrub (ABHR):-

Hand sanitizing dispensers are available in numerous locations throughout the school, in toilets and in the Health Unit.

- Apply a palmful of ABHR (~3-5ml) and cover all surfaces of the hands including palms, back of hands, between fingers, back of fingers, thumbs, fingertips and wrists (Appendix I).
- Rub all hand surfaces for at least 20 seconds until hands are dry.



Handwashing with Soap and Water:

- Wet hands with water and apply enough amount of liquid soap necessary to cover all hand surfaces.
- Rub all surfaces of the hands for at least 20 seconds before rinsing under running water.
- Dry hands thoroughly with a paper towel or a hand dryer.
- The whole procedure should take between 40-60 seconds.

2.3 Personal Protection Equipment (PPE)

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

2.4 Respiratory Hygiene / Cough Etiquette

Coughing and sneezing can easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose immediately. Wash hands after using or disposing of tissues. Alternatively, if tissues are unavailable, to cough into the elbow. Spitting should be discouraged.

2.5 Cleaning of blood and body fluid spillages

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

2.6 Clinical Waste

- Sharps will be discarded straight into an approved sharps bin. Sharps bins must be kept off the floor and out of reach of children. Sharps bins will be disposed of by a contracted disposal company when $\frac{3}{4}$ full or after 1 month, as per the National Health Regulatory Authority.
- Lined pedal bins will be placed in each of the areas where waste is produced e.g. food areas, nappy changing areas, and Health Unit. Contaminated waste will be placed in covered bins and waste will be removed daily.
- Waste bins are emptied daily or when $\frac{3}{4}$ full. PPE is used when emptying bins.
- The School will contract out the emptying of the sharps and feminine hygiene bins.

2.7 Medication Storage, Temperature Control and Equipment Maintenance

- Medications requiring refrigeration will be stored in a dedicated refrigerator at a temperature maintained between 2-8° degrees centigrade. The refrigerator temperature will be monitored and recorded daily.



INFECTION CONTROL POLICY

HS-POL-015 |v1.1|Effective Jan 2022

- Medications stored at room temperature will be stored at a room temperature between 15-25° degrees centigrade. Room temperature and cabinet temperatures will be monitored and recorded daily.
- Medications will be inspected monthly for expiration and discarded in the proper receptacles if expired.
- School-wide AED units will be checked weekly for battery life and operation and maintenance checks will be recorded.
- School-wide oxygen cylinders will be checked weekly for optimum tank air volume and proper flow regulator function and maintenance checks will be recorded.
- School-wide and travel first aid boxes will be checked for contents and restocked weekly or immediately after use.

3 Guidelines for Outbreak of Infections in School

This version has been adapted from that provided by the Health Protection Agency, 12-22 Linenhall Street, Belfast, BT2 8BS. Tel: 0300 555 0114.

http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Rashes and Skin Infections	Recommended Period off from School	Action Taken/Comments
Athletes Foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chicken Pox	Until all vesicles have crusted over and fever has subsided	Letter to class
Cold Sores (Herpes Simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). Reported by School to MOH and MOE
Hand, foot and mouth	Until all fever has subsided and blisters are dried and scabbed over	Reported by School to MOH and MOE
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period Letter to class
Measles	Four days from onset of rash	Preventable by vaccination (MMR x 2) Reported by School to MOH and MOE
Molluscum contagiosum	None	A self-limiting condition with no restrictions for swimming
Ringworm	None	Treatment is required
Scabies	Child can return after first treatment	Household and close contacts require



INFECTION CONTROL POLICY

HS-POL-015 |v1.1|Effective Jan 2022

		treatment Reported by school to MOH only if cluster of cases
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child.
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed. Contagious period only prior to onset of rash	
Shingles	Exclude only if rash is weeping and cannot be covered. Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact.	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch.
Strep Throat	Child can return after 24 hours of antibiotic treatment	
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms. No restrictions for swimming.

Pandemic Infections	Recommended Period off from School	Action Taken/Comments
Covid-19	Until recovered and proof of negative test result submitted	Covid Handbook to be referred to for the most up to date guidance Recommendations: Covid vaccinations and booster dose to be up to date

Diarrhoea, vomiting or fever illness	Recommended Period off from School	Action Taken/Comments
Diarrhoea and/or vomiting	24 hours from last episode of diarrhoea or vomiting and fever	

Respiratory infections	Recommended Period off from School	Action Taken/Comments
Flu (influenza)	Until recovered	Yearly flu vaccination recommended.
Whooping cough (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks.

Other Infections	Recommended Period off from School	Action Taken/Comments
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INFECTION CONTROL POLICY

HS-POL-015 |v1.1|Effective Jan 2022

Conjunctivitis	Child may return to school once treatment has begun.	Treatment required
Diphtheria	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the school nurse. Preventable by vaccination. Letter to class
Glandular fever	Child may return to school once he/she begins to feel better	Contagious up to 7 weeks prior to onset of symptoms.
Head Lice	Child may return to school once treatment has commenced and no live lice are present.	School nurse will check for live lice on return to school. Daily combing recommended. Letter to class
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The school nurse will advise on any vaccination or other control measures that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks. Reported by School to MOH and MOE
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills, wear PPE and follow standard precautions. Reported by School to MOH and MOE
Meningococcal meningitis*/ septicaemia	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts.
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Reported by School to MOH and MOE
Meningitis viral	Until Recovered	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Reported by School to MOH and MOE
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread.



Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses) Reported by School to MOH and MOE
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

Appendix A Environmental Cleaning

Thorough environmental cleaning and disinfection are critical to maintaining a clean school and in aiding to prevent possible contamination. The following school staff will be responsible as follows:

The **HR & Facilities Manager** will:

- Review normal cleaning routines carried out by the School's externally provided cleaning company on an ongoing basis, in line with the School's needs. The reviews will be carried out in conjunction with the School Nurses and the Director of Operations. This will include:
 - deep-cleaning - paying additional attention to the cleaning of an area or the premises as a whole and the objects within it and using higher ratio of Dettol to water in its cleaning
 - enhanced measures to maintain cleanliness during the day. This will include a reassessment of normal tasks with certain tasks de-prioritised or rescheduled to enable manpower to be redirected to disinfecting high-frequency touch surfaces - door handles/push plates, banisters, reception areas etc

A checklist may be used to promote accountability for cleaning responsibilities.

- Review cleaner numbers and shift timings will be reviewed to limit the number of personnel coming to site whilst maintaining the highest required level of service.
- Maintain close contact with the cleaning company to ensure clear lines of communication remain open. This will include checking that the company is aware of and instructing cleaners on safe practices, maintaining and providing to the School plentiful supplies of cleaning products and PPE for the cleaners. Cleaning products recommended can be found on the Ministry of Health Disinfection of Public Places Guidelines (Ministry of Health [2020] *Guidelines on SARS - CoV-2 (COVID-19) disinfection of public places*. Available at: [Guidelines on SARS-CoV-2 \(COVID-19\) Disinfection of Public Places](#) Accessed 30/03/2020).
- Maintain close contact with the Caretaking teams to refresh on deep-cleaning and enhanced cleaning measures and ensure that Caretakers are aware of the School's evolving procedures and expectations.

The **School Nurses** will:



INFECTION CONTROL POLICY

HS-POL-015 |v1.1|Effective Jan 2022

- With the support of the Caretakers, ensure that cleaners wear PPE and train them on how to safely use and discard PPE.
- Ensure a poster is displayed highlighting the steps involved in removing PPE in the isolation room.
- Brief Caretakers to:
 - store cleaning supplies outside the isolation room and that, if bottles are taken into the isolation room, they will be cleaned upon exiting;
 - to use not use any cleaning equipment used in the isolation room in any other area to avoid cross contamination;
 - clean and disinfect the isolation room daily and after a suspected COVID-19 case; and
 - direct on how to safely dispose of items within the isolation room.
- Cleaners should use a hospital grade cleaning agent and disinfectant. If hospital grade products are not available, products that claim against human coronaviruses/viruses can be used accordingly.
- Ensure safe storage of yellow bin liners until they are removed by a waste disposal company (Ministry of Health [2020] *Guidelines on Novel Coronavirus [nCoV]*. Available at: [Guidelines On Novel coronavirus \(nCoV\)](#) Accessed 15/03/2020).