Infectious Disease

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1. Introduction

1.1 Within a close community such as a school or a workplace, communicable disease has the possibility of rapidly moving amongst the population and decimating it, unless suitable controls and systems are implemented.

2. Reportable Diseases

2.1 Whilst the vast majority of communicable diseases spread by man are neither virulent nor particularly debilitating (e.g. Influenza B, or the common house cold), a number of illnesses are known to have a more significant impact upon the health of the community at large (e.g. tuberculosis or measles).

2.2 Of the more significant illnesses, the following infections are required to be reported by law;

- Anthrax
- Chicken Pox
- Brucellosis
- Conjunctivitis
- Hepatitis/Jaundice
- Whooping Cough
- Legionellosis
- German Measles
- Leptospirosis
- Hand, Foot & Mouth disease
- Lyme disease
- Impetigo
- Q fever
- Measles
- Rabies
- Meningitis
- Streptococcus suis
- Mumps
- Tetanus
- Parovirus (“Slapped Cheek Syndrome”)
- Tuberculosis
- Ringworm (scalp or body)
- Scabies
- Scarlet Fever
- Typhoid/Paratyphoid
- Diarrhoea & Vomiting (if more than one case per class/year group, at any one time)

2.3 Whilst the presence of many of these illnesses is not expected on a regular basis in educational establishments or workplaces, it is possible that these infections may be encountered in a number of scenarios; exposure from close proximity to infected family or pets, pre-existing infection in the newly-arrived immigrant population, or exposure to the infection whilst travelling overseas.
2.4 Where the infection is confirmed by clinical diagnosis, the duty to report the illness falls upon the medical practitioner. Schools also have a duty to report the presence of the illnesses on their premises, by using the reporting form “Report on Communicable Disease in Schools – London Boroughs of Lambeth, Southwark & Lewisham”

3. **Routes of Entry into the Body**

3.1 There are six broad routes for an infectious disease to enter the body. These are:

- Airborne
- Injury
- Ingestion
- Insect
- Contact
- Animal

3.2 Airborne infection is the transfer of infections between individuals by sneezing or coughing. The explosive power of such an action can blow the larger particles, that tend to carry infective matter, up to six feet away in an indiscriminate pattern.

3.3 Infection from injury can result from two major scenarios – the transfer of infection from an accidental injury (such as a cut from dirty glass or a nail), or the transfer of an infection from a “deliberate injury” (such as contracting MRSA from an operation in hospital).

3.4 Infection from ingestion can result from food and water that has been contaminated from poor preparation, deliberate tampering, pest infestation, poor personal hygiene, or accidental chemical/physical contamination. On occasion the level of infection is increased by the food being improperly prepared, undercooked, and/or improperly stored after preparation. This allows any potential infection to multiply before being consumed.

3.5 Insects can cause a variety of illnesses, either by biting the individual and transferring the illness directly (e.g. Malaria or Lyme disease), or by transferring the illness indirectly through contaminating food or water.

3.6 Contact infections include those that can be caught directly via close or intimate contact (such as fungal infections or sexually transmitted infections), or indirectly via shared items (such as “Barber’s Rash” from shared razors).

3.7 Animals may cause a variety of illnesses, potentially harbouring infections in their hides/hair (such as anthrax), saliva (e.g. rabies), or elsewhere (such as intestinal worms).

4. **Controls**

4.1 In order to minimise the likelihood of illness developing and spreading through the workplace population, a range of simple controls can be put into place;
4.1.1 Encourage the use of handkerchiefs to limit the spread of infectious matter around the population of the school or workplace.

4.1.2 Encourage handwashing, especially after using the loo and before eating at mealtimes. The sharing of food between people should also be discouraged, to minimise the transfer of infectious matter via the hands and mouth.

4.1.3 Encourage good personal hygiene to ensure to limit the harbourage of infection, and well as limiting the transfer of infections between individuals. Bad personal hygiene practices should also be discouraged, such as children picking their nose or spitting.

4.1.4 Discourage the sharing of intimate articles such as clothing (e.g. socks) and other communal items such as towels and water bottles, as this will also limit the transfer of organisms between individuals.

4.1.5 Ensure that the school or workplace is maintained in a clean condition to minimise the build-up of debris, preventing the ingress of disease-bearing pests (e.g. rats) and objects that may cause injuries or carry infection (e.g. broken glass, or nappies). Areas such as the kitchen, bathrooms and any washing/changing areas should have particular attention paid to them, as they are considered higher risk areas.

4.1.6 Where a child or staff member displays obvious signs of ill-health during the day, especially where it is potentially infectious, they should be isolated in accordance with the school’s or workplace medical policy and treated accordingly. Usually this would involve the individual being sent home until they have recovered. Where necessary, the incidence of ill-health should be reported to the individual’s medical practitioner, who will clinically confirm the presence or absence of an infectious disease and report it through the appropriate medical chain. Further advice on controlling an outbreak of ill health should be sought initially from the Children’s Services Health and Safety Team or from the Environmental Health Department.

4.1.7 Where large numbers of children and/or staff fall ill, such as with a vomiting bug, the management should consider closing the school or workplace (based on the advice of medical professionals) or excluding the higher risk groups of children or staff (such as class mates) for a period of days, until the individuals are no longer infective.

4.1.8 Within schools, teachers and other teaching staff should remain aware of common signs and symptoms of infectious illnesses, such as meningitis, in order to take appropriate action in a timely fashion. Wherever possible, education staff should encourage the take up of vaccines for children.

4.1.9 Food that is bought in from outside, either for preparation or immediate consumption, should be sourced from a reputable supplier to ensure that the food is uncontaminated and will not cause food-borne illness. It should also be stored appropriately, free from any potential contamination.
4.1.10 Animals who are suffering from, or that cause an infection should be treated appropriately, according to a vet’s advice.

5. **Responsibilities of Individuals**

5.1 There are a number of responsibilities for members of staff, managers, parents and pupils.

5.2 Managers should not encourage people to return to work until they are well enough to return and, where necessary, free from infection (even after all symptoms have disappeared). This ensures that all persons in the working environment are exposed to a minimum of infectious disease, and that the impact is minimised upon the organisation. Where necessary, a return-to-work interview should be conducted.

5.3 Staff should report ill-health immediately, especially in jobs where there is a significant impact upon the larger community (such as catering staff and social workers). Where necessary, it is advisable to report to a medical practitioner and ensure that they are free from infection before returning to work.

5.4 Parents have a responsibility to inform educational staff about suspected or known illness, allowing staff to monitor the child (and provide medication in accordance with the school’s medication policy) or make a decision to exclude the child from the site until they have recovered. Further, educational staff should also monitor the child’s siblings and friends, to identify early any signs of ill-health.

5.5 Pupils should report any symptoms of illness to staff or their parents.

6. **Further Advice and Assistance**

6.1 If at any time during an investigation further advice, assistance or information, is needed contact the Education Health and Safety Team at John Smith House (extensions 55034, 55035 or 55259) who will be able to help.