This briefing gives guidance on the subject of hygiene control in schools. Advice is given on appropriate hygiene procedures which will help to prevent the spread of blood-borne viruses such as AIDS, HIV and hepatitis A, B and C, and conditions such as dysentery. This guidance is aimed at ALL teachers in ALL schools.

Whose Responsibilities?

The overall responsibility for the health and safety of pupils and staff in schools rests with the local education authority as "the employer" (although in foundation and voluntary aided schools this responsibility rests with the governing body as employer). LEAs therefore should (and most do) recommend hygiene procedures for schools to follow. They should also provide further information and training to headteachers, who are responsible for day-to-day management of health and safety in the school, and other school staff.

It must be remembered that although teachers have a duty of care towards the health and safety of pupils in their care, they cannot be obliged to assist with cleaning-up procedures or administer first aid or medicines. The NUT does not favour teachers becoming involved in matters such as these. Instead, procedures should be in place whereby they may notify another member of staff who will deal with matters.

Blood-Borne Viruses

AIDS and HIV

HIV and AIDS can only be transmitted by the introduction of infected blood or blood products into the bloodstream, through sexual intercourse, and from a mother to her baby either during pregnancy or by breast feeding. The main groups of children carrying the virus are those who were born of infected mothers, haemophiliac children who received infected blood products and those who received infected blood via transfusion. The latter two groups are becoming smaller, as since 1985 blood products used to treat haemophiliacs have been heat-treated in the UK and blood donations are screened and tested for the virus antibody. However, there still may be small numbers of children in schools carrying the virus.

Hepatitis A

Hepatitis A virus or infective hepatitis is a common infection which mainly affects children and young adults. The illness is caused by an infection in the faeces and may be passed from one person to another by contamination of the hands with infected faeces which may lead to the germ being introduced into the mouth. Although symptoms can sometimes be severe, in most cases they are so mild as not to be apparent. Unlike hepatitis B there is no evidence that the disease results in a permanent carrier state or permanent damage and although the infection is difficult to control, its spread can usually be reduced by simple hygienic measures.

Hepatitis B

Hepatitis B virus is much more serious, resulting in a permanent carrier state and with a risk of permanent liver damage. The virus may be transmitted through spittle or blood contact. High-risk groups are people requiring blood transfusions, long-term hospital patients or institution residents and those with natural or acquired immune deficiency. Down’s Syndrome children are known to have a higher carrier rate because of a deficiency in their immune system.
Teachers can be at risk through contact with children with high-risk groups. An effective vaccine is available and the DfES has recently recommended that this be considered for teachers working with such children. The NUT believes that the vaccine should be offered to any teachers who feel they may be at particular risk. Carriers can be identified through screening but generally health authorities are reluctant to screen children and parents also may be unwilling for their children to be screened.

**Hepatitis C**

The hepatitis C virus was discovered in 1989 and still very little is known about it. Like hepatitis B, it is spread by blood contact and can cause long-term liver damage. About 50% of those who contract the virus become chronic carriers. There is currently no vaccine against hepatitis C because the virus comes in many forms and can transmute.

**Diarrhoeic and vomiting illnesses**

There are a range of illnesses which can cause vomiting and diarrhoea including dysentery, salmonella and infection and e.Coli infection. They vary considerably in severity but in all cases effective hygiene control procedures in schools can substantially reduce the risk of infection and transmission.

**Hygiene Control Guidelines**

The following are the basic hygiene procedures recommended by the Department of Health, together with additional guidance from the NUT. These procedures should be followed by all schools at all times in order to effectively control the risk of infection.

**Personal hygiene**

The following guidance is quoted verbatim from the Department of Health’s booklet Guidance on infection control in schools and nurseries

- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid, soap. Toilets must be kept clean.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered.
- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper).
- Discard disposable towels in a bin. Bins with foot-pedal operated lids are preferable.
- Encourage use of handkerchiefs when coughing and sneezing.
- If a food handler has diarrhoea or vomiting the CCDC’s advice should be sought urgently.

The NUT recommends that schools also adopt the following additional procedures.

- Razors, toothbrushes or other implements which could become contaminated with blood must not be shared.
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings.
- Nappies and sanitary towels must be burnt in an incinerator or securely bagged and sealed.
and disposed of according to local guidance.

- Tampons may be flushed down the toilet; however, it is advisable to dispose of them in the same way as sanitary towels. Local guidance should be followed.

**Cleaning up body fluid spills**

The following guidance is also quoted verbatim from the Department of Health’s Guidance on infection control in schools and nurseries.

- Spills of body fluids: blood, faeces, nasal and eye discharges, saliva and vomit must be cleaned up immediately.
- Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is household bleach solution diluted 1 in 10 but it must be used carefully.
- Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.
- Mops used to clean up body fluids should be cleaned in a cleaning equipment sink (not a kitchen sink), rinsed with a disinfecting solution and dried.
- Ensure contaminated clothing is hot laundered (minimum 60°C).

**Injuries**

The NUT recommends that the following procedures be adopted to deal with injuries in schools.

- A senior member of staff should be responsible for receiving reports of accidents involving staff and children. Even the most minor incident should not be overlooked. Reportable incidents should include contamination of cuts or other open skin wounds i.e. those where blood has been drawn, by blood, spittle or other body fluid, splashes into the eyes or mouth of the same, or cuts and scratches inflicted by a child.
- Normal First Aid procedures should be followed, which should include the use of disposable gloves and, where splashing is possible, the use of suitable eye protection and a disposable plastic apron.
- All wounds should be washed immediately in copious amounts of soap and water, treated with a disposable disinfectant tissue and covered with an appropriate adhesive dressing. Any existing wound which has contact with other blood, spittle or other body fluids should also be washed with soap and water. If the accident involves the eye or mouth, then this should be washed thoroughly with water.
- Splashes of blood, saliva or other body fluids on the skin should also be washed off with soap and water. Where any of these enter the eye or mouth, again this should be washed copiously with water.
- Where there is a risk of contracting a blood-borne virus, the employer should provide adequate information and training in the potential risk and protective clothing and equipment as necessary e.g. disposable gloves, aprons, medical tissues and disinfectant.

**Further Advice and Help**

Further guidance on hygiene control in schools can be found on the joint DfES/Department of Health website [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk)