
Procedure Title - Children & Families Responding Outbreak of Infection Procedure

Management Information	
Lead Officer	Name: Michelle McMillan
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	Tel: 0131 469 3832
Lead Service Area	Children & Families, Planning & Performance
Last Review Date	September 2014
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Date Agreed	September 2014 (Version 3)
Agreed by	Senior Education Managers / Service Managers
Has Screening for Equality Impact been undertaken for this procedure	No
Has Implementation and Monitoring been considered for this procedure	No
If appropriate has Health and Safety section had oversight of this procedure	Yes
Name of Health and Safety contact	Ron Young, Health & Safety Manager

Definition: Procedure – An agreed method or approach to comply with Policy, Legislation and Departmental Decisions.

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1. PURPOSE

This guidance details the measures that should be taken in response to an outbreak of infectious disease amongst service users. The objective for staff is to minimise the spread of infection.

Information is included on how the response to an infection control incident should be managed in terms of requirements and expectations. Details are provided to assist Headteachers, Establishment Managers, pupils, staff, and service users.

At certain times NHS Lothian Public Health will be involved in providing advice and support to Headteachers and Establishment Managers during an outbreak. NHS Lothian Public Health department are happy to be contacted at any time if Headteachers and Establishment Managers are concerned about infectious diseases within their establishment.

2. SCOPE

All staff must comply with this guidance.

This guidance outlines the measures that should be taken in response to either an outbreak of infectious disease or the increase in infection within Children & Families establishments.

3. DEFINITIONS

Children & Families Emergency Continuity Team

The Children & Families Emergency Continuity Team are Senior Managers (usually Senior Education Managers or Service Managers) within the department who are involved in emergency response as part of their role, who provide support and guidance to establishments in the event of an outbreak of infectious disease from a management perspective (NHS Lothian public health provide the medical advice).

The team members work on their own or as part of the whole team depending on the extent of response required.

4. ACTIONS

In the event of an outbreak of infection or a higher than normal level of illness in an educational establishment it is the duty of the Headteacher / Establishment Manager to work with the NHS and Headquarters (Children & Families Emergency Continuity Team) at Waverley Court to manage the situation appropriately.

A number of infection control documents (detailed under Policy Base) are available on the Orb. Headteachers and Establishment Managers must familiarise themselves with the information and use the guidance as specified.

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Support roles when there is an infection control issue in a school/establishment City of
Edinburgh Council / NHS Lothian Public Health

NHS Lothian Public Health

**CEC Children & Families
Senior Management**

CEC Communications

Public Health Role:

To advise the Headteacher/
Establishment Manager in all
health (infection control
matters) relating to pupils e.g.
letters to parents, (general
advice on infection control
etc)

**CEC Children & Families
Senior Management:**

To advise the Headteacher/
Establishment Manager in all
infection control matters
relating to school
management, (staff, property
etc)

CEC Communications:

To advise the Headteacher/
Establishment Manager in all
communication matters
(letters to parents, press
enquiries etc)

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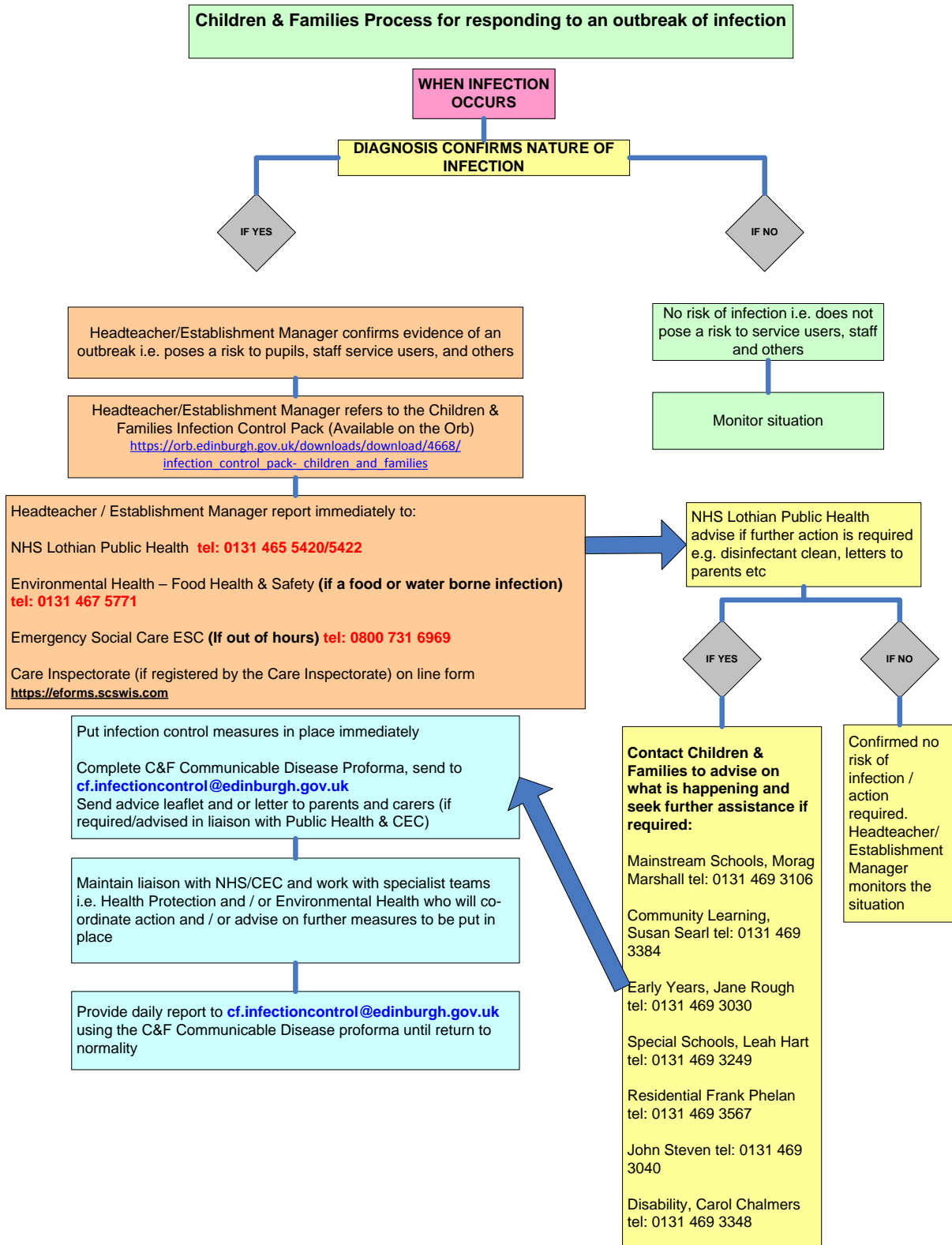
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Children & Families Process for responding to an outbreak of infection (Continued)

TYPES OF COMMUNICABLE DISEASES REPORTABLE TO NHS Lothian Public Health

- Anthrax
- Botulism
- Brucellosis
- Cholera
- Clinical syndrome due to E.coli O157 infection
- Diphtheria
- Foot & Mouth Disease
- Haemolytic Uraemic Syndrome (HUS)
- Haemophilus influenzae type b (Hib)
- H1N1 (Pan Flu)
- Measles
- Meningococcal disease
- Mumps
- Necrotizing fasciitis
- Paratyphoid
- Pertussis
- Plague
- Poliomyelitis
- Rabies
- Rubella
- Scabies
- Severe Acute Respiratory Slapped Cheek Disease Syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis (respiratory or non-respiratory)
- Tularemia
- Typhoid
- Viral haemorrhagic fevers
- West Nile fever
- Whooping cough
- Yellow Fever

High instances of flu symptoms e.g. over 20% of school roll

Contents of Children & Families Communicable Disease Pack
https://orb.edinburgh.gov.uk/downloads/download/4668/infection_control_pack-children_and_families

- Guidance on Infection Control in Schools and Other Child Care Settings
- Infection Prevention and Control in Child Care Settings
- Children & Families Communicable Disease Log Proforma
- Diseases to be Notified to Medical Practitioners
- Public Health Telephone Number
- Periods of absence adults
- Periods of absence pre-school
- Periods of absence school pupils

IMPORTANT INFORMATION

Definition of an outbreak

- 2 or more cases where unexplained symptoms are similar, or a case of notifiable / reportable disease. The objective for staff is to minimise the risk of the spread of infection

What are the signs of infection?

An unexplained, unexpected increase in ill health of any sort and can include symptoms such as diarrhoea, vomiting, fever, rash/itchiness, breathing difficulties, chronic coughs

Getting the signs diagnosed

The individuals GP(s) must be contacted immediately. If the individuals have different GPs, staff must inform each GP of the spread of symptoms to others. The GP(s) will undertake analysis of symptoms. Alternatively, the GP should advise the senior staff member of the need to contact and advise NHSL, Health Protection Team of the incident who will arrange for the collection and testing of specimens. Outwith normal GP hours staff should contact NHS 24 for immediate advice if symptoms are extreme

Put into place precautionary / preventative measures

Initiated immediately an 'outbreak' of infection is suspected.

Measures will include

Barrier care i.e. use of disposable protective clothing, strict hand hygiene, thorough cleaning of equipment. Associated waste and linen regarded as **infected**. Separate laundering and toileting facilities. Wherever possible, reduce contact time between 'infected' and non 'infected' individuals and minimise the number of staff responsible for care. Further advice can be sought from the Health Protection Team.

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Infection Control Contacts

NHS Health Lothian Public Health		Office Hours	0131 536 3373 (Deaconess)
		Out with Office Hours	0131 537 1000
Emergency Social Care (ESWS)			0800 731 6969
Environmental Health - Food Health & Safety		Office Hours	0131 469 5924
Care Inspectorate		Office Hours	0131 653 4100
Children & Families Officers (by service area) that Communicable Diseases should be reported to:			
Schools	Morag Marshall – Schools Business Manager	Office Hours	0131 469 3106
Community	Susan Searl – Business Finance Support Officer	Office Hours	0131 469 3384
Early Years	Jane Rough – Early Years & Childcare Manager	Office Hours	0131 469 3030
Special Schools	Leah Hart - Development Manager Special Schools & Specialist Provision	Office Hours	0131 469 3249
Residential	Frank Phelan – Team Manager Specialist Residential Care	Office Hours	0131 469 3567
	John Steven– Team Manager Residential Care & Aftercare	Office Hours	0131 469 3040
Other Contacts			
Communications	Joyce Nisbet – Client Manager	Office Hours	0131 469 3134
	Noel Miller – Communications Officer	Office Hours	0131 529 4440
Business Continuity	Michelle McMillan - PO Risk Management & Business Continuity	Office Hours	0131 469 3832
Corporate Facilities Management Services (Cleaning)	Helpdesk	Office/Out of Office	0131 529 7858
School LETS	Steven Motion	Office Hours	0131 469 3108

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Controlling an Outbreak of Infection – A Common Sense Approach

NHS Lothian Public Health and the City of Edinburgh Council department of Children & Families need to know about specific problems relating to infection control and these are:

- Single or multiple cases of communicable disease reportable to NHS Lothian Public Health (see the crib card page 5)
- Outbreaks of communicable disease which cause higher than average sickness levels (for example if 20% of pupils were off with flu symptoms)

A comprehensive list of communicable diseases and the recommended periods of exclusion have been provided with this document (Appendix 3) and we would urge Headteachers and Establishment Managers to read this and report any concerns of increased illness to NHS Lothian Public Health.

Using the recommended periods of exclusion document Headteachers and Establishment Managers can establish whether a child is able to attend school, nursery etc. If you have any doubts please do not hesitate to contact NHS Lothian Public Health. In certain circumstances children will be excluded from school with an infectious disease and the school will be informed of this by telephone from NHS Lothian Public Health department. Written documentation will also be sent for exclusions. All children with diarrhoea and vomiting must stay off for 48 hours after symptoms have ceased.

Details of who to report to within Headquarters (Waverley Court) /NHS Lothian Public Health are provided within the contents section of this document.

ALL ESTABLISHMENTS REGISTERED BY THE CARE INSPECTORATE MUST ALSO REPORT INFORMATION TO THE CARE INSPECTORATE BY USING THE RELEVANT E-FORM WHICH CAN BE LOCATED AT <https://eforms.scswis.com>

It is very important that the Children & Families Communicable Disease Proforma ([Appendix 1](#)) is completed and e-mailed to cf.infection@edinburgh.gov.uk The information on the form is monitored, logged and shared with Children & Families colleagues at Headquarters.

Staff/pupils/visitors and service users should be reminded to adhere to infection control policies and procedures. These documents should be made available to visitors on request.

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Headteachers and Establishment Managers must ensure that PPE (Personal Protective Equipment) products are used for all tasks in the area and around individuals who are infected. A Council wide policy on PPE is available on the Orb.

Joint Campus

When an infection control outbreak occurs on a Joint Campus, Headteachers / Establishment Managers must work together to ensure that the outbreak does not spread from one establishment to the other (if this has not happened already). In these circumstances NHS Lothian Public Health / Corporate Facilities Management Service must be advised that there are or may be potential issues in the other property so that infection control procedures can be followed there too.

Cleaning During an Infection Control Outbreak – Corporate Facilities Management Service

In situations where a number of staff and pupils are off sick due to an outbreak the Headteacher/Establishment Manager and Children & Families will work closely with the NHS Lothian Public Health and Corporate Facilities Management Service to ensure that a cleaning regime appropriate to the situation is in place. In these situations there may be times that the school/establishment is required to close so that a disinfection clean can be undertaken. NHS Lothian Public Health will avoid closing a school at all costs, control measures will be implemented when NHS Lothian Public Health Department are notified of an outbreak in a school.

When a disinfectant clean is carried out the Corporate Facilities Management Service Disinfectant checklist ([Appendix 2](#)) must be used by the Headteacher/Establishment Manager/Cleaning Supervisor to confirm cleaning has been undertaken to the correct standard.

Cleaning within PPP establishments will be managed by Amey and Mitie as per their procedures.

It is important that staff do not bring their own cleaning products to use within CEC establishments as these may cause severe chemical reactions with the products Corporate Facilities Management Service use. This could result in toxic gases being produced that could cause harm to staff, pupils and service users.

School / Establishment LETS

In extreme cases there may be a requirement for disinfectant cleaning to happen in the evening and this may mean that LETS are suspended. This decision must be made in conjunction with the Authority and relevant managers. Please refer to contacts sheet for LETS contact.

Communications

During a response to an infection control outbreak Communications internally and externally are of vital importance and it is very important that Headteachers and Establishment Managers are supported by the Communications team. Please refer to the contact sheet for the Communications contact.

To assist in the response CEC Communications will undertake the following with NHS Lothian communication team:

- Provide a Communications lead officer
- Advise and draft media statements
- Advise and provide support letters to parents and carers

The Headteacher/Establishment Manager must communicate concerns of infection risk to staff, pupils, visitors and service users. Advice may be provided to parents on the authorisation of the NHS. Consideration must be given to placing notices in the school/establishment to inform all of the presence of infection in collaboration with NHS Lothian Public Health.

Headteachers and Establishment Managers may be asked to write to parents and carers. This must be done in conjunction with advice from the NHS Lothian Public Health and CEC Communications.

NHS Lothian Public health infection specific information leaflets should be made available. NHS Lothian Public Health can assist with providing these leaflets.

Children and Families Headquarters can provide assistance during a response if you are experiencing a high volume of telephone calls for example from parents and carers by enabling the Children & Families emergency number 0131 469 3333 and organising the Children & Families contact team to respond to calls.

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In the Community

- Where a pupil, member of staff, service user is known to have an infection they should be advised not to attend other services until the infection is clear e.g. Hospital Outreach Teams.
- Headteachers and Establishment Managers must communicate the extent of infection in staff/pupils/service users once known. This action is to prevent avoidable transmission of the infection and to protect staff.
- Community based staff who work within service users' homes must pay particular attention to infection control procedures and hand hygiene/personal protective equipment when moving between service users.

Residential Establishments

Where a **residential (including full time residential placements at Wellington), secure or full time foster care service** is being provided, the child or young person with a communicable disease should as far as possible be isolated from other children/ young people in the unit/ home.

Managers must ensure staff/ carers are aware of departmental infection control measures for Children & Families and are using them. Services need to take account of any distress experienced by the ill child and the other children if family contact is reduced and also to requirements made by Children's Hearings. Where children and young people have family contact away from the unit/ home, this should normally be postponed until the child has recovered.

It may also be appropriate for other young people in placement to be live with family members or be accommodated within another service for the duration of the period of the infection. This will need the agreement of the child/young person's social worker; the unit manager and external manager of the service."

Staff and carers have a responsibility to ensure that the correct medical attention is sought throughout the duration of the illness and that any prescribed medications are used in accordance with the administration of medicines guidelines.

The manager and staff within the service will familiarise themselves with the symptoms of the illness; monitor other children/young people in placement and colleagues for any signs of the illness; then seek appropriate medical support and advice.

Parents and/ or close relatives should be:

- advised that their child is showing or has complained of symptoms and the steps that have been taken to treat them
- advised re any changes to contact arrangements
- exceptionally, and with agreement of the child's social worker and the line manager for the service, sent to their parents' or relatives' home to recover

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In some case it may be appropriate that the child/young person returns home to recover. This option will require the agreement of the child/young person's social worker; the Unit Manager and the external manager of the service.

5. RESPONSIBILITIES

All staff working for Children & Families must comply with this procedure.

6. POLICY BASE

A suite of Council wide policies and procedures have been published on the Orb and are titled as below:

Infection Control Policy
Environmental Cleaning
Hand Hygiene
Safe Management of Waste
Safe Handling and Disposal of Sharps
Care and Cleaning of Equipment
Safe Management of Linen
Management of Spillage of Body Fluids
Personal Protective Equipment

7. ASSOCIATED DOCUMENTS

Recording and forms

The following forms must be completed throughout the response to assist with managing the situation. All forms must be kept as they will be used in debriefs undertaken following on from a significant outbreak.

The form to be used is as follows:

Communicable Disease Log Proforma [\[Appendix 1\]](#)

8. RECORD KEEPING

When a procedure has been followed there are often outputs such as decisions made or events occurred that need to be recorded. These outputs are considered Council records. Please list all Records, including completed forms, generated by this procedure. For each record, list its title, location, responsible officer and minimum retention period.

Record Title	Location	Responsible Officer	Minimum Retention Period

Associated Documents – Appendix

Communicable Disease Log Proforma [[Appendix 1](#)]

Corporate Facilities Management Service Disinfectant checklist [[Appendix 2](#)]

Health Protection Scotland – Exclusion Criteria [[Appendix 3](#)]

Appendix 1

City of Edinburgh Council
Children & Families

Communicable Disease Log Proforma

To be completed in response to notification of suspected or actual communicable disease outbreak at a school or C&F establishment

Date form completed:		
Name of School/Establishment:		
Name of Headteacher/Establishment Manager:		
Date and time incident began:		
Description of incident:		
Name of staff member spoken to at HQ and time/date:		<i>Summary of advice given if applicable</i>
Confirm that Public Health been contacted (<i>please indicate</i>) YES / NO:		
Name of staff member spoken to at Public Health and time/date:		<i>Summary of advice given if applicable</i>
Number and % of Pupils affected:		
Number and % Staff affected:		
Daily update required (<i>please indicate</i>) YES / NO:		
<i>If yes please complete appropriate sections below on a daily basis and submit updated form to HQ</i>		
	Date	Detail
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Action taken by Establishment to manage incident:		

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FOR WAVERLEY COURT USE ONLY	
Proforma sent to all Managers and Officers below:	
C&F Directorate Support Gillian Tee, Veronica Poirrier	Convener's Office Maria Lloyd
Planning and Performance Lynne Porteous, Jenny Bell	Resources Alex Tweeddale
Support to Children & Young People Alistair Gaw, Margaret Tripney, Carol Chalmers, Kerry Millar, Scott Dunbar, Andy Jeffries, Frank Phelan, Rosie Wilson	Schools & Community Services Andy Gray, Liz McCann, David Bruce, Aileen Mclean Morag Marshall, Moyra Wilson, Karen Prophet, Steven Motion
Corporate Nikola Brown, Mary-Ellen Lang, Dennis Henderson	Communications Joyce Nisbet, Noel Miller
L&T Senior Mgrs (Westwood House) Geraldine Elliot, Annemarie Procter, Deborah Jans, Dianne Rainey-Cooper, Iona McLeod, Louisa Mackenzie, Martin Gemmell, Sandra Milne	Corporate Property Facilities Management Helen Allan, Bob Waddell, Moira Mason, Fraser Sinclair.
Health & Safety Ron Young, Nicola Goveia, Bob Howden	

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Appendix 2

Corporate Facilities Management Service Disinfectant Clean Checklist

To be used by Headteacher/Establishment Manager/Business Manager and Cleaning Supervisor following disinfectant clean. Disinfectant cleans are requested by Public Health when it is thought the establishment required this type of clean to decrease infection.

Cleaning Details	Completed Yes / No	Additional Information (if required)
Steam Clean of soft furnishings, curtains, cushions, sofas, chairs		
Disinfectant /steam clean of kitchen		
Disinfectant /steam clean of toilets		
Disinfectant clean of all hard surfaces, e.g. floors, desks, door handles		

Cleaning completed as specified

Name	Title	Signature
	Headteacher or Establishment Manager or Business Manager	
	Cleaning Supervisor	

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Appendix 3

Health Protection Scotland – Exclusion Criteria

Exclusion Criteria for Childcare and Childminding Settings

Recommended time to be kept away from daycare and childminding (also applies to schools)

Main points

- Any child who is unwell should not attend, regardless of whether they have a confirmed infection.
- Children with diarrhoea and/or vomiting should be excluded until they have had no symptoms for 48 hours after an episode of diarrhoea and/or vomiting.
- Coughs and runny noses alone need not be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason. If in doubt contact a member of the Health Protection Team (HPT).
- If an outbreak of infection is suspected the local Health Protection Team should be contacted.

Further information can be found in Infection Prevention and Control in Childcare Settings (Day Care and childminding settings) <http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx?id=47103>

Information on current immunisation schedule for children can be found at <http://www.immunisationscotland.org.uk/index.aspx>

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Infection/Virus	Exclusion Period	Comments
DIARRHOEA AND VOMITING ILLNESS		
General advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: • young children; • those who may find hygiene practices difficult to adhere to; • those who prepare or handle food for others. Your local HPT will advise.	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhoea then the patient should get advice from their GP.
Common Infections		
Norovirus	48 hours from last episode of diarrhoea and vomiting.	
Campylobacter	48 hours from last episode of diarrhoea and vomiting.	Discussion should always take place between the HPT and Establishment
Salmonella	48 hours from last episode of diarrhoea and vomiting.	
Less Common Infections		
Cryptosporidiosis	48 hours from last episode of diarrhoea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhoea outbreak is over
<i>E.Coli</i> O157	Your local HPT will advise.	
<i>Shigella</i> (Bacillary Dysentery)	Your local HPT will advise.	
Enteric fever (Typhoid and paratyphoid)	Your local HPT will advise.	
RESPIRATORY INFECTIONS		
Coughs/colds	Until recovered.	Consider influenza during the winter months.
Flu (influenza)	Until recovered.	Severe infection may occur in those who are vulnerable to infection.
Tuberculosis (TB)	Consult with your local HPT.	Not easily spread by children. Requires prolonged close contact for spread.
Whooping cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
RASHES/SKIN		
Athlete's foot	None.	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella zoster)	5 days from onset of rash.	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection

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		may occur in vulnerable children.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)	6 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.
Hand, foot and mouth (coxsackie)	None.	Contact your local HPT if a large number of children are affected.
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started.	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash. Always consult with HPT.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Exclusion not usually required.	Treatment is required.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have same treatment; include the entire household and any other very close contacts. If further information is required, contact your local HPT.
Scarlet fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	None.	Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.

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Shingles (Varicella zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox is those who have not had chickenpox. Pregnant staff should seek advice from their GP.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools.
OTHER INFECTIONS		
Conjunctivitis	None.	If an outbreak occurs contact local HPT.
Diphtheria	Exclusion will apply. Always consult with your local HPT	Preventable by vaccination. Your local HPT will organise all contact tracing.
Glandular Fever	None	
Head lice	None.	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B/C HIV/Aids	None.	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered. HPT will advise.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
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. Your local HPU will give advice on any action needed
Meningitis viral	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is required for the child and all household contacts.

References: Guidance on Infection Control in School and other Child Care Settings Poster, HPA, April 2010. Definition of diarrhoea <http://www.who.int/topics/diarrhoea/en/>

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