

School Policy on Chicken Pox

The purpose of this policy is to ensure that students/staff with suspected or confirmed infection will be managed according to best practice, and that the risks of others acquiring infection are assessed and managed effectively.
implementation of the policy will demonstrate compliance with the 'Hygiene Code'

1.0 Introduction

1.1 Chickenpox is also known as Varicella. It is an acute, highly transmissible infectious disease caused by the Varicella zoster virus (VZV). Illness usually starts with 1-2 days of fever and malaise followed by a very itchy rash that looks like small fluid filled blisters (vesicles) on the face and scalp, spreading to the trunk and the abdomen and eventually to the limbs. Vesicles can be minimal in some cases and are often missed. Complications are more common in babies and adults than in infants and school children.

1.2 Following primary infection the virus stays in the body in a latent state in the dorsal root ganglia, reactivation of the virus causes Shingles (Herpes Zoster). People with shingles are also contagious and contact with the virus from the shingles lesions can result in chicken pox infection in non-immune people e.g. people who have never had chicken pox. The first signs of shingles are pain at the affected nerve site usually on one side of the body especially the chest followed by a rash of fluid filled blisters which last for 7 days. Reactivation of the virus is usually associated with immunosuppressant therapy, old age or HIV infection.

2.0 Aims and Objectives

2.1 The overall objective is to minimise the risk of infection to students, staff and visitors by providing trust staff with guidance on the management of cases of chickenpox and shingles. The guidance also aims to provide an understanding of the importance of assessing the risks for potential contacts of chickenpox and shingles to prevent secondary cases.

3.0 Duties and Responsibilities

3.1 The Lead Executive Headteacher is responsible for overseeing the policy and its implementation. Head of Schools are responsible for ensuring availability and compliance with the policy.

Staff are also responsible for notification of any suspected case to the SLT. The SLT is responsible for carrying out a risk assessment with the Head of School to identify the risk of infection to other students, staff and visitors.

4.0 Implementation Process

4.1 The policy and its implementation will be monitored through the Governors, Lead Executive Headteacher, Head of Schools and SLT.

4.3 Education and Training

4.3.1 Education on the standard infection control precautions to prevent the spread of all known or undisclosed transmissible infections is provided for all Trust staff on induction.

5.0 Monitoring Procedure

5.1 The policy and its implementation will be monitored through the Governors, Lead Executive Headteacher, Head of Schools and SLT.

Reports are provided on all infection risks to the appropriate staff.

6.0 Chickenpox Transmission

6.1. Chickenpox infection is spread directly via respiratory secretions, airborne droplet infection or through direct contact with vesicles or contact with infected articles, bedding and clothing. Chickenpox is highly contagious and can infect up to 90% of the people who come into contact with the disease. All staff must observe the Trust hand hygiene and standard infection control policies at all times.

6.2 The chickenpox virus is plentiful in the nasopharynx in the first few days of infection and in the vesicles until they dry up. The infectious period starts from 1-2 days before the rash appears and lasts until all of the vesicles are dry and crusted. **All cases must be isolated until all spots have scabbed over due to the risks to other students , staff and visitors.**

6.3 Shingles cases are infectious until all of the lesions are crusted. There is no respiratory involvement and there is no evidence that shingles can be caught from a person with chickenpox. Isolation is recommended especially if the blisters cannot be covered.

7.0 Complications and High Risk Groups (students and staff)

7.1 Chickenpox is a serious disease in immunocompromised people and the infectious period can be prolonged in these cases. The disease is more serious in infants within the first 4 weeks of life, adults, especially pregnant women and smokers who are at risk of Varicella pneumonia, secondary bacterial infections and encephalitis. Pregnant women are at greatest risk in the second or early in the third trimester.

Infection in the later stages of pregnancy can cause premature delivery or neonatal chickenpox infection. This is especially serious if the mother becomes infected 7 days before the birth.

7.3 Other clinical conditions that increases the risk of severe illness:

- Patients receiving or who have had chemotherapy or radiotherapy in the past 6 months.
- Any person on immunosuppressive treatment or bone or organ transplant in the past 6 months.
- Steroid therapy.
- Symptomatic HIV infection.

8.0 Surveillance

8.1 Chickenpox is not a notifiable disease in England and Wales.

9.0 Treatment

9.1 There is no specific treatment for chickenpox. It is a viral infection that will not respond to antibiotics. Treatment is usually based on reducing the symptoms such as fever and itchiness. Shingles can be treated with oral antiviral drugs such as acyclovir.

10.0 Management of staff member with chickenpox

- The staff member must inform his/her line manager who will inform all necessary staff members and students as necessary.

CHICKENPOX INFORMATION SHEET

What is chickenpox?

Chicken pox illness is caused by a virus, Varicella-zoster.

Where does chickenpox come from?

The Varicella-zoster virus only infects humans. It cannot be caught from animals.

Is there a seasonal occurrence?

Yes: chickenpox is most common in the winter and spring months.

How infectious is chickenpox?

It is highly infectious and you can become infected after spending a short time in the same room as someone with chickenpox or by touching chickenpox or shingles blisters.

When is it most infectious?

The most infectious time is two days before the start of the rash and for the first 3-5 days with the rash. However the person may still be infectious until no more blisters are developing and the blisters present have crusted over.

How can you catch it?

Chickenpox can be "caught" by airborne spread or following direct contact with lesions and contaminated items and bedding.

Who is at risk of catching chickenpox?

If you have not had chickenpox (no antibodies present) you are most at most risk of catching it.

Those who are not immune and have a poor immune system, pregnant or young babies are high risk groups, will need to be assessed and may be given an injection of zoster immunoglobulin which can assist in preventing severe chicken pox.

If you have had chickenpox you will have antibodies and not usually develop it again.

What is the incubation period?

Chickenpox can develop 1 week to 3 weeks after a contact if not immune.

What are the symptoms?

Two days before the rash appears flu like symptoms may develop. A small blister type rash will then develop usually on the body first, then spreading to arms and legs. In children this is not usually severe. However in adults, people with poor immune systems, pregnant women and young babies the rash can be severe and it is advisable to contact your GP.

Can anyone suffer a second attack of chickenpox?

Yes. Recurrent chicken pox has been estimated to occur in up to 13% of previously infected children. Second attacks of chicken pox are usually less severe than primary infection.

Please ask a member of the nursing staff to contact the infection control nurse for further information.

SHINGLES INFORMATION SHEET

What is shingles?

The clinical name is herpes zoster, which is caused by the chickenpox virus (Varicella).

Can you catch shingles?

No: because shingles is caused by a number of factors such as low immune system or shock, which activates the chickenpox virus. The chickenpox virus must be present in your system from a previous chickenpox infection to develop shingles.

Is shingles infectious?

Yes: because shingles is caused by the chickenpox virus. Anyone who has not had chickenpox may get chickenpox from someone who has shingles.

How can I catch chickenpox from someone with shingles?

Contact with the shingles blisters may cause chickenpox in non immune people. Shingles is not as infectious as chickenpox provided that the blisters are covered.

When is it infectious?

Until the blisters have crusted over, usually 5-7 days.

Can someone have shingles more than once?

Yes: because the virus remains in the body. However, recurrent shingles is rare (less than 5%) in healthy people although it may occur more frequently in those whose immune system is weakened for example by cancer treatment, certain medication, or in elderly people and HIV positive people.

How can I reduce the pain?

Shingles attacks the nerve endings and it is this which makes it so painful. Your doctor can prescribe some medication and give advice on how to relieve the pain.