



Hepatitis in Schools

NEU guidance for members, reps and local officers

This briefing sets out NEU advice to members on the main types of viral hepatitis which have in the past been reported in educational establishments, and on the precautions necessary when a case of viral hepatitis arises in a school or where a known carrier of the disease is a pupil in the school.

Types of viral hepatitis

Hepatitis A

Hepatitis A virus, or infective hepatitis, is considered to be a common infection that mainly affects children and young adults. The cause of the illness is a virus in the faeces. The infection may be passed from person to person by contamination of the hands with infected faeces, which may lead to the introduction of the germ into the mouth.

Although the virus can give severe symptoms and is potentially fatal, in many cases the symptoms are so mild as not to be apparent. The severity of the disease increases with age. In infants and young children, the infection can be mild or even asymptomatic. However, almost one in five infected 15- to 39-year-olds require hospitalisation due to the severity of their symptoms, and for those over 40, the fatality rate is 1.9 per cent.

Unlike hepatitis B or C, there is no evidence of a permanent carrier state resulting from the disease and, although the infection is difficult to control, its spread can usually be reduced by the introduction of simple hygiene measures. Hepatitis A can be prevented by vaccination.

Hepatitis B

Hepatitis B virus is altogether more serious, with there being a risk of permanent carrier state and of irreversible liver damage, sometimes leading to liver cancer. Hepatitis B may be transmitted through spittle or blood contact and as a result, groups most at risk include: long-stay hospital patients since it is recognised that the disease is particularly prevalent in institutionalised people; patients with natural or acquired immune deficiency; healthcare personnel; and staff of institutions for those with learning difficulties. Hepatitis B can be prevented by vaccination (see below).

Hepatitis C

Hepatitis C is another serious hepatitis virus, which can lead to chronic liver diseases such as liver cirrhosis and liver cancer. It is contracted by close contact with blood contaminated with the virus, for example, through blood transfusions (before screening was introduced in the early 1990s) or through needle sharing among drug users. Unlike hepatitis B, no vaccine is currently available to prevent hepatitis C. The hygiene procedures described below apply equally to the prevention of the spread of hepatitis C.

Hepatitis B and C are diseases recognised under the Prescribed Diseases Regulations. Such recognition permits sufferers to claim additional benefits, provided that they are workers who have come into contact with the source of infection in the course of their



work. Teachers will, therefore, need to prove that they contracted the disease as a result of their work. In most cases this will require the identification of the pupil who was the source of the infection.

Control of viral hepatitis

Hepatitis A

As stated above, the control of hepatitis A can be achieved by strict personal hygiene measures and it should be ensured that there are adequate hand washing facilities for all concerned in the school, from the teaching, administrative and kitchen staff to the children. Adequate facilities should include the availability of hot and cold running water, soap and towels, with individual disposable towels being preferable to roller towels or ordinary hand towels.

Hepatitis A is a notifiable disease. This means that the GP making the diagnosis of hepatitis A infection will need to notify the local health protection team.

Children with hepatitis A infection should stay away from school until seven days after onset of jaundice or until they are well. Contacts of cases should also stay away from school, and should see the GP if they have symptoms suggestive of the illness.

Hepatitis B

Over the years, there have been cases of this type of viral hepatitis being contracted by staff in special schools. The Department of Health (DoH) is of the view that children living at home and attending non-residential institutions are not a high-risk group in terms of carrier status. It is possible that a higher proportion of children attending residential special schools, or who have previously done so, may be carriers of the disease. It is also known that Down's syndrome children have a higher carrier rate because of a deficiency in their immune system.

The hepatitis B vaccine

The vaccine is made from blood taken from hepatitis B carriers, but there is no risk of catching the disease from the vaccine as only non-infectious components of the blood are used. Blood used to make the vaccine is rigorously screened to ensure its purity. More than three million doses of the vaccine have now been given worldwide and there has been no reported case of infection from the vaccine.

The vaccine is effective against hepatitis B in about 90 per cent of cases. After the first course of vaccine, 'booster' jabs may be necessary as the vaccine loses its effectiveness after a number of years. Advice can be sought from GPs/occupational health providers on this point.

The DoH advises that vaccination is safe for pregnant women. If any member of staff at risk is pregnant, or plans to become pregnant, she should be warned that hepatitis B is very dangerous for both mother and baby. It is important that they should be protected against the disease.



Two-thirds of people vaccinated suffer no after-effects at all. Many of the rest have a sore arm and perhaps a small rash where the jab was given. Very rarely, flu-like symptoms develop after vaccination, but these clear up completely after a few days. Under the Health and Safety at Work etc Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002, employers have a legal duty to assess the risk of infection for employees and others affected by their work. When a risk is identified in a school, employers should take suitable precautions to protect the health of their employees and others affected by their work. Employees should also be given adequate information, instruction and training on any risks to their health that they may face in the course of their work.

The DoH has identified staff of residential and other accommodation for those with learning difficulties to be at an increased risk of exposure to blood-borne viruses, and recommends that they be immunised against hepatitis B. Furthermore, the Health and Safety Executive (HSE) recognises that designated first aiders might also be at an increased risk in any occupational setting.

The NEU is of the view that any member of staff who feels they may be at particular risk of contracting hepatitis B should be offered the vaccine, and the health authorities should respond positively to combat this disease and to protect the health and welfare of staff working within 'high risk' establishments.

Hepatitis C

Hepatitis C can cause a form of hepatitis that leads to chronic liver disease. There is no vaccine and no known way to prevent this infection following exposure. However, hepatitis C has only rarely spread within a school setting.

Universal precautions will minimise any possible danger of spread of hepatitis C (see Appendix: Hygiene Control Guidelines).

Accident procedure

The following is a recommended accident procedure. In the absence of screening programmes, it should be followed at all times.

1. A senior member of the staff should be responsible for receiving reports of accidents to staff where children have been involved. Even the most minor accident should not be overlooked. Reportable incidents should include contamination of cuts or other open skin wounds (ie those wounds where blood has actually been drawn) by blood, spittle or other body fluids, splashes into the eyes or mouth by the same, or cuts, scratches or bites inflicted by a child.
2. 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.
3. Any scratch or bite inflicted by a child, or any existing abrasion which may have been contaminated, should be washed well with soap and water and treated with a disposable disinfectant tissue before being covered with an appropriate adhesive dressing. If the skin is broken, the wound should be encouraged to bleed.
4. Injuries to children attended to by staff should be treated similarly. Staff attending to any injuries should wear disposable gloves.



5. Those at risk from a possible source of infection from hepatitis B, eg if they have been scratched or bitten, can be treated with post-exposure prophylaxis (PEP) for hepatitis B infection. Additionally, the hepatitis B vaccine (see above) is very effective at preventing infection if given shortly after contact with hepatitis B. Prompt medical advice is important, either from the member of staff's GP or the local accident and emergency department. The circumstances of the incident will need to be assessed and consideration given to any medical treatment required. Treatment might be appropriate following infection, but to be effective, it may need to be started quickly.
6. Contact should also be made with the appropriate occupational health provider, informing them of the name of the member of staff, his/her GP, details of the injury and the child causing the injury.
7. A first aid room should be available for the purpose of treating scratches, bites etc which may have been infected by viral hepatitis.
8. Where there is a risk of contracting viral hepatitis, the employer should be providing adequate information and training about the potential risk, and protective clothing and equipment as necessary, eg disposable gloves, aprons, medical tissues and disinfectant.

Hygiene control guidelines

The following sections set out the basic hygiene procedures for schools recommended by Public Health England (PHE) in Guidance on Infection Control in Schools and Other Childcare Settings, together with additional guidance from the NEU. These procedures should be followed by all schools at all times in order to effectively control the risk of infection.

Personal hygiene

The PHE guidance contains the following advice:

- 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. Use warm, running water and a mild, preferably liquid, soap. Toilets must be kept clean.
- 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 NEU 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 PHE guidance contains the following advice:

- 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. Use a product which combines both a detergent and a disinfectant.
- 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.
- Don't use mops to clean up blood and body fluid spillages. Use paper towels instead.
- Ensure contaminated clothing is laundered at the hottest wash the fabric will tolerate.



Sources of further information and support

HSE

hse.gov.uk

The HSE has published very useful guidance entitled Blood-borne viruses in the workplace, which is available to [download](#).

Public Health England

[Guidance on Infection Control in Schools and Other Childcare Settings](#)

Further guidance on hygiene control, and on steps to be taken in addressing a range of medical conditions and communicable diseases, can be found on the [PHE website](#).

Advisory Committee on Dangerous Pathogens (ACDP)

The ACDP, which advises the HSE, has produced [comprehensive guidance](#) on protecting employees and others against blood-borne infections in the workplace, in particular HIV and hepatitis.

[Department of Health](#)

[NHS](#)

For further information and advice about hepatitis C, the following NHS web pages may be helpful:

nhs.uk/hepatitisc/Pages/default.aspx

nhs.uk/Planners/vaccinations/Pages/Adultshub.aspx

[Hepatitis B Foundation UK](#)