

Infection Control Policy

Responsibility for monitoring this policy: LGB

Reviewed and updated - September 2021 to include further **guidance document for C19 infection**

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Version	Date	Amendments
	September 2021	Annual review and update.
V0	23/11/2021	Version control and school logo added / updated
V1	22/11/2022	Annual review and update to exclusion table.
V2	21/11/2023	Annual review, change to terminology for covid higher-risk groups.

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Introduction

This policy has been written following guidance from Public Health England guidance on infection control and winter readiness. It has been updated during the Covid 19 pandemic and following advice from WHO and PHE.

Aim and objectives

The Guidance and procedures contained in this policy are designed to ensure that everyone is healthy, and while we accept that there will be infectious illnesses that affect students, staff and visitors, the effects of any outbreak of illness are minimised to reduce the spread.

- That no student suffers an illness as a result of the care given, or staff working practices.
- Appropriate risk assessments, systems, checks and work practice in line with legal guidance and best practice are in place to prevent the spread of infection to students, staff, visitors, contractors or volunteers
- That any individuals suffering from an illness are treated appropriately and sympathetically to aid their recovery and to minimise the spread of infection to others.

Principles

The school recognises that infections such as influenza pandemics are not new. No-one knows exactly when the school will be faced with having to deal with a potentially contagious illness amongst its community.

We recognise the need to be prepared. Infections are likely to spread particularly rapidly in schools and as children may have no residual immunity, they could be amongst the groups worst affected. We recognise that closing the school may be necessary in exceptional circumstances in order to control an infection. However we will strive to remain open unless advised otherwise. Good pastoral care includes promoting healthy living and good hand hygiene. School staff will give pupils positive messages about health and well-being through lessons and through conversations with pupils.

Planning and preparing

In the event of the school becoming aware that a pupil or member of staff has an infectious illness we would direct their parents to report to their GP and inform the local PHE centre. During an outbreak of an infectious illness such as pandemic influenza the school will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether school should remain open or closed will be based on medical evidence. This will be discussed with the Health Protection Agency. It is likely that school will remain open but we recognise the fact that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The school will close if we cannot provide adequate supervision for the children.

Infection control

Infections are usually spread from person to person by close contact, for example:

- Infected people can pass a virus to others through large droplets when coughing, sneezing or even talking within close distance
- Through direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands.
- By touching objects (e.g. door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands
- Viruses can survive longer on hard surfaces than on soft or absorbent surfaces

Staff and children are given the following advice about how to reduce the risk of passing on infections to others:

- Wash your hands regularly, particularly after coughing, sneezing or blowing your nose.
- Minimise contact between your hands and mouth/nose, unless you have just washed your hands
- Cover your nose and mouth when coughing or sneezing, cough or sneeze into your elbow.
- Do not attend school if you think you may have an infectious illness
- For Covid 19, anyone with any symptoms, must not attend school for ten days. If anyone within the house has symptoms, the whole house must self-isolate for fourteen days. All staff and students who are suspected to have Covid 19 must seek a test.
- For Covid 19, staff and students may be asked to wear face coverings in more congested communal areas such as corridors and staircases.

These messages are promoted through posters around the school, in assemblies and through Personal, Health and Social Education lessons.

HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS

Minimise sources of contamination

- We will ensure relevant staff have Food Hygiene Certificate or other training in food handling.
- We store food that requires refrigeration, covered and dated within a refrigerator, at a temperature of 5C or below
- We wash hands before and after handling food
- We clean and disinfect food storage and preparation areas
- Food is brought from reputable sources and used by recommended date

To control the spread of infection

- We ensure good hand washing procedures (toilet, practical work, experiments, food)
- Children are encouraged to blow and wipe their own noses when necessary and to dispose of the soiled tissues hygienically
- We wear protective clothing when dealing with accidents and First Aid incidents. (e.g. gloves, aprons)
- For C19, two metre social distancing is enforced around the school between staff and students. Students have strict seating plans and students stay in their bubbles and

zones at KS3. At KS4, strict seating plans are used still. Students stay in their bubble throughout all lesson and social times.

- For C19, extra cleaning routines are built into the school day.
- For C19, there are routines to prevent sharing and contamination of equipment.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons are worn where there is a risk of splashing or contamination with blood/body fluids by all staff administering first aid.

Cleaning of the environment

Cleaning throughout the school is frequent and thorough including the cleaning of all resources and equipment in class. Cleaning of the environment, cleaning equipment such as buckets are colour coded and cleaned and replaced as needed. Cleaning training is monitored regularly, we ensure cleaners have access to PPE when it's needed.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately (with staff wearing PPE). When spillages occur, they are cleaned using a product that combines both a detergent and a disinfectant to be effective against bacteria and viruses and suitable for the surfaces used on. Mops are never used for cleaning up blood and body fluid spillages – disposable paper towels are used and waste is disposed in secure bins.

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity such as transplants and Crohns

The school will have been made aware of such children.

These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the school will contact the parent/carer and inform them promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure

investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy

- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation
- Coronavirus in the final trimester of pregnancy and evidence points that this risk is potentially higher for certain minority ethnic background staff.

It may be that the duties of pregnant staff have to be adjusted during an outbreak of infectious illnesses to minimise risk.

In school we follow the guidelines set by the Health Protection Agency, regarding the recommended period of time that pupils should be absent from school.

Detailed information about many conditions is available at <http://www.hpa.org.uk/>. A summary of the most common conditions and recommended periods of absence are shown below.

It is important to note that the school is unable to authorise absence on medical grounds or illness for conditions where the guidelines state that no period of absence is recommended; e.g. headlice

Health Protection for schools, nurseries and other childcare facilities

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Covid 19 or Coronavirus	Five days for person with positive test.	Five days for adults with positive test. Three days for child with positive test. Adults and children should not attend school with a temperature and fever.
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more

Mumps*	Five days after onset of swelling	information Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Appendix 1

Method Statement

In the event of an infectious illness

1. Staff should be fastidious over their hand washing procedures and encourage students to be the same.
2. Staff and Students should be try to move around school as little as possible.
3. Staff should wipe down door handles, taps, toilet handle and toilet after using the toilet themselves or a student using the toilet in the event of an outbreak of diarrhoea and/or vomiting (cleaning products will be made available).
4. Disposable anti-bacterial wipes and hand sanitizer will be left in the staff room kitchen, by site team, to be used by all staff before and after using the area.
5. Staff will be responsible for wiping down their work station and area twice daily.
6. Staff should wash clothing daily and ensure they wipe down keys, bags phones (personal and school) and any other equipment.
7. Where possible cloth or sponge items should be removed if this is not possible they should be kept to a minimum and rotated for regular daily washing or spraying. .
8. Hard/plastic objects should be cleaned and wiped with disinfectant after every use.
9. PE equipment will not be used
10. Ipads and computers to be cleaned after use

Appendix 2

Cleaning of bodily fluids on floors walls and upholstery.

All Bodily Fluids are potentially hazardous and should be treated in accordance with the procedure to avoid contamination and infection.

1. Isolate the area keep students and other staff away.
2. Put on Personal Protective Equipment (PPE) gloves, sleeves, overalls and apron. Collect together clinical waste bags, Disposable paper towel, yellow cloths, yellow bucket of hot water (with mop if appropriate), anti-bacterial cleaner.
3. Remove any object or clothing etc. and put in the clinical waste bag as appropriate.
4. Clear up as much as possible using the paper towels, putting them straight into the clinical waste bag.
5. Spray the area with anti-bacterial spray
6. Wipe up using yellow cloth or mop. Regularly rinsing mop/cloth, until the area looks clean.
7. Re-spray the area with anti-bacterial cleaner.
8. Change the water in the bucket emptying into cleaning room sink (not kitchen).
9. Use a clean cloth or rinse the mop thoroughly before repeating step 6.
10. Use a dry yellow cloth to absorb as much moisture as possible.
11. If upholstery or carpet spray anti-bacterial cleaner over the area.
12. Mops and mop buckets should be rinsed and mops put to soak in a solution of disinfectant. Locked away from students in cleaning cupboard.
13. Put all yellow cloths and PPE in clinical waste bag (gloves into a bag first) seal and dispose of into the correct bin.
14. Wash hands thoroughly with anti-bacterial soap.
15. Leave area cleaned to dry.

Appendix 3

Cleaning of School in the event of an infectious illness being spread.

1. Soap, anti-bacterial wipes, paper towels and hand sanitiser will be distributed to classes and offices by site team.
2. Personal Protective Equipment (PPE) should be in plentiful supply and worn for dealing with First Aid instances. This must include disposable gloves and a disposable plastic apron. All used PPE should be disposed of into a bag then put in the yellow clinical waste.
3. All bodily fluids would be treated as a priority by the cleaners and cleaned in accordance with the method statement for bodily fluids cleaning.
4. Site team will clean all toilets at least twice a day using disinfectant and anti-bacterial cleaners in accordance with manufacturers' instructions.
5. Site team will wipe down all common touch points including: door handles, doors (including glass), hand rails, taps and toilet handles using a disinfectant at least twice daily and as necessary.
6. Site team will clean the staff room kitchen twice daily using disinfectant and anti-bacterial cleaners in accordance with manufacturers' instructions. This will include nozzles on the water vending machine.
7. Disposable anti-bacterial wipes and hand sanitizer will be left in the staff room kitchen, by site team, to be used by all staff.
8. Staff will be responsible for wiping down their work station and area at least twice a day. Sanitising wipes will be available for cleaning phones, shared keyboards, desktops, handles on fridges, kettles and taps, screens of reprographic machines.
9. Staff should wash clothing daily and ensure they wipe down keys, bags and other equipment.

Appendix 4

Method Statement.

Deep or Terminal Cleaning of School.

1. All soft furnishings that can have covers removed or fit in the washing machine should be taken and washed on the hottest cycle the fabric will stand.
2. Games and equipment should be washed or wiped clean with a suitable cleaning product and left to dry.
3. Pencil, pens, plasticine and other low cost items that cannot easily be disinfected would be put in the rubbish.
4. All hard surfaces, paintwork, walls (where necessary) doors, cupboards, window sills, chairs and tables should be washed down with a suitable cleaning product and left to dry.
5. Windows glass and mirrors cleaned.
6. Sinks, taps and fridges (all food thrown away) cleaned with a suitable cleaning product and left to dry. Disinfectant solution should be poured into the drain and overflow.
7. Floors and soft furnishings should be vacuumed then cleaned using the steam cleaner if possible allowing the surface to get hot. Where possible a carpet cleaner (washer extractor) would be used on carpets. All soft furnishing will be sprayed with anti-bacterial spray and left overnight.
8. All removed cleaned and disinfected items should be replaced in the classroom tidily.