

# Infection Control Policy

Where education is more than what you know,  
it's who you can become...

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**HUJJAT  
PRIMARY  
SCHOOL**

## VISION

Hujjat Primary School will be a happy and inclusive school inspired by Islamic values. A place where children can indulge their curiosity, develop a love for learning and build the foundation to become ethical, responsible and inspirational members of society.

## MISSION

- We will facilitate the well-being and growth of every child's mind, body and character through:
- Nurturing children within a safe and caring learning environment to realise their full potential;
- Providing a broad, balanced, vibrant and inclusive core curriculum that fosters curiosity and outstanding academic achievement;
- Facilitating experiential teaching, enrichment activities that are a feast for the senses, and focused time on health, hygiene and nutrition;
- Fostering learners who are able to think, question and reflect independently;
- Developing confident, respectful and effective communicators who can express themselves and make informed choices;
- Encouraging positive relationships;
- Listening deeply and accepting every child as a gift from God.

This is accomplished through a values curriculum in accordance with the Islamic philosophy of education. Individuals are encouraged to reflect on the qualities of God and develop the virtues of good character as embodied by Prophet Muhammad (Peace be upon him), thus enabling our pupils to apply their knowledge and turn it into action for the benefit of our school and the wider community.

## VALUES

- Integrity
- Respect
- Compassion
- Excellence
- Service
- Gratitude

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## STATEMENT OF INTENT

Schools are common sites for transmission of infections. Children are particularly susceptible because:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

This policy provides information for staff managing a range of common and important childhood infections in settings including schools. It includes the principles of infection prevention and control to enable safe working.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period). Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

Infections commonly spread in the following ways:

### ***Respiratory spread:***

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

### ***Direct contact spread:***

By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

### ***Gastrointestinal spread:***

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).

### ***Blood borne virus spread:***

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs

## LEGAL FRAMEWORK

This policy has due regard to legislation including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

This policy has due regard to statutory guidance including, but not limited to, the following

- Public Health England (2017) 'Health protection in schools and other childcare facilities'
- DfE (2015) 'Supporting pupils at school with medical conditions'

## PREVENTATIVE MEASURES

### Ensuring a clean environment

#### *Sanitary facilities*

- Wall mounted soap dispensers are used in all toilets with disposable mild liquid soap cartridges
- A waste paper bin is always made available where disposable paper towels are used.
- Toilet paper is always available in cubicles.
- Suitable sanitary disposal facilities are provided where necessary.

#### *Continence aid facilities*

Pupils who use continence aids, e.g., continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

#### *Laundry*

Clothing should be removed as soon as possible, placed into a plastic bag, tied and sent home for washing. Manual sluicing of clothing is not permitted, and gloves and aprons are worn when handling soiled linen

or clothing. Hands are thoroughly washed after gloves are removed.

### ***Cleaning contractors/staff***

The cleaning contract include daily, weekly and periodic cleaning schedules.

Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and washrooms); Cloths should be disposable (or if reusable, disinfected after use). Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.

Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out

The School Business Manager is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor/staff member.

### ***Toys and equipment***

A schedule is in place to ensure that toys and equipment are cleaned on a regular basis.

hard toys should be wiped clean regularly and the condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.

Toys that are "soft", such as modelling clay and 'Play-doh', are renewed regularly and discarded whenever they look dirty.

Sandpits are covered when not in use and the sand is changed on a regular basis or, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a regular basis.

Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

### ***Handwashing***

All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

### ***Blood and other bodily fluids***

Cuts and abrasions are covered with waterproof dressings.

When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.

Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex.

Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately.

They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. A spillage kit is available from the office for bodily fluids like blood, vomit and urine.

### ***Bites***

If a bite does not break the skin, the affected area is cleaned with soap and water.  
If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the pupil first aid log and medical advice is sought immediately.

### ***Hypodermic needles (sharps)***

Injuries incurred through sharps found on school grounds will be treated by professionals. Should this occur, parents would be called immediately to take their child to A&E. Adults would be sent immediately to A&E.

### ***Pupil immunisation***

The school **keeps** up-to-date with national and local immunisation scheduling and advice via [www.nhs.uk/conditions/vaccinations/](http://www.nhs.uk/conditions/vaccinations/).

Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.

The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.

- A healthcare team will visit the school in order to carry out vaccinations and will be able to advise parents/staff if there are any concerns.
- A risk assessment will be conducted before any vaccinations take place.
- All pupils in Reception to Year 5 will be offered nasal flu vaccinations annually.
- Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine (where reaction is immediate) , or by school staff, following the school's procedures for sick and unwell pupils.
- Any side effects from the vaccinations, such as becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.
- Any medication required to relieve the side effects of a vaccination, such as painkillers, will be administered in accordance with the school's Administering Medication Policy.
- Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.
- Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.
- The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.
- Needles are kept away from pupils before and after the vaccine is administered.

- Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

### ***Staff immunisation***

All staff will undergo a full occupational health check prior to employment, which confirms they are up-to-date with their immunisations.

Staff should be up-to-date with immunisations; in particular, we encourage the following:

*Hepatitis B:* We do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, we encourage immunisation.

*Rubella:* Female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy.

### ***Contact with pets and animals***

- Animals in schools are strictly controlled and risk assessments carried out.
- The school does not have school pets.
- Visits to farms/zoos etc are strictly controlled by the procedures in place for school trips, including risk assessment.

### ***Water based activities***

#### **Swimming lessons**

- General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.
- Pupils who have experienced vomiting or diarrhoea in the days preceding the trip are not permitted to attend public swimming pools.

#### **Other activities**

Alternative water-based activities are only undertaken at reputable centers.

Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.

If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities.



## IN THE EVENT OF INFECTION

### Preventing the spread of infection

Parents will not bring their child to school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one care
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed

### Vulnerable pupils

Pupils with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

The school nurse will be notified if a child is "vulnerable". Parents are responsible for notifying the school if their child is "vulnerable".

If a vulnerable child is thought to have been exposed to an infectious **disease**, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

### Procedures for unwell pupils

Staff are required to know the warning signs of pupils becoming unwell including, but not limited to the following:-

- Not being themselves
- Not having a snack
- Not eating at lunchtimes
- Wanting more attention/sleep than usual
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin

Where a staff member identifies a pupil as unwell, the pupil's parents will be informed of the situation and may be asked to collect their child.

Once a child is identified as unwell, staff will:

- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing.
- Provide the pupil with a drink of water.
- Move the pupil to a quieter area of the classroom or school.
- Ensure there is a staff member available to comfort the pupil.
- Summon emergency medical help if required.

If a pupil is identified with sickness and diarrhoea, the pupil's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.

If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted

### **Contaminated clothing**

If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil.

### **Exclusion**

Pupils suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period.

Pupils can be formally excluded on medical grounds by the headteacher.

If parents insist on their child returning to school when the child still poses a risk to others, the LA may serve notice on the child's parents to require them to keep the child **away** from school until the child no longer poses a risk of infection.

If a pupil is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may be contacted to advise on a case-by-case basis.

Staff have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

### **Medication**

Where a pupil has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home, in case the pupil has an adverse reaction.

All medicine provided in school will be administered in line with the Administering Medication Policy.

### **Outbreaks of Infectious Diseases**

An incident is classed as an 'outbreak' where:

Two or more people experiencing a similar illness are linked in time or place.

A greater than expected rate of infection is present compared with the usual background rate. For example, two or more pupils in the same classroom are suffering from vomiting and diarrhoea.

A greater number of pupils than usual are diagnosed with scarlet fever.

There are two or more cases of measles at the school.

Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported.

As soon as an outbreak is suspected (even if it cannot be confirmed), the Headteacher will arrange for contact to be made with the local health protection team (HPT) to discuss the situation and agree if any actions are needed.

The following information will be provided:

- The number of staff and children affected
- The symptoms present
- The date(s) the symptoms first appeared
- The number of classes affected

If the Headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will arrange for contact to be made with the local health protection team (HPT)

The local health protection team (HPT) will provide the school with draft letters and factsheets to distribute to parents.

The local health protection team (HPT) will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

If a member of staff suspects the presence of an infectious disease in the school; they will contact the Head Teacher for further advice.

If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by school staff.

If a pupil is identified as having a notifiable disease, as outlined in [the guide to Infection Absence Periods](#), the school will inform the parents who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England center.

During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The School Business Manager will liaise with the Caretaker to ensure these take place.

### **Pregnant staff members**

If a pregnant staff member develops a rash or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.

*Chickenpox:* If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously she will need to speak to her

midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.

*Measles:* If a pregnant staff member is exposed to measles, she should inform her midwife immediately.

*Rubella (German measles):* If a pregnant staff member is exposed to rubella, she should inform her midwife or GP immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have had 2 doses of MMR vaccine or a positive history of Rubella.

*Slapped cheek disease (Parvovirus B19):* If a pregnant staff member is exposed to slapped cheek disease, she should inform her midwife promptly.

### **Staff handling food**

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

Food handling staff suffering from transmittable diseases e.g. rashes, diarrhoea, vomiting, upper respiratory tract and septic infections may be excluded from all food handling activity until they satisfy the local Health Protection team's criteria to be clear to return to work. Food handling staff are not permitted to attend work if they are suffering from diarrhoea and/or vomiting.

- a. Staff who handle food must:
  - i. Cover all wounds with a coloured waterproof dressing whilst on duty
  - ii. Keep jewellery to the minimum
  - iii. Keep finger nails short and clean.
  - iv. Ensure that long and shoulder length hair is tied back off the face.
  - v. Ensure that hands are always washed before commencing preparation or serving of food and drinks.
  - vi. Be clean and wear clean plastic aprons when serving food
- b. Food handlers are required by law to inform the school if they are suffering from any of the following:
  - i. Typhoid fever
  - ii. Paratyphoid fever
  - iii. Other salmonella infections
  - iv. Dysentery
  - v. Shigellosis
  - vi. Diarrhoea (where the cause of which has not been established)
  - vii. Infective jaundice

- viii. Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
  - ix. E.coli VTEC Infection
- c. 'Formal' exclusions will be issued where necessary, but employees are expected to provide a 'fit note' certificate from their GP, if required.

### **Managing specific infectious diseases**

When an infectious disease occurs in the school we will follow appropriate procedures set out by the UK Health Security Agency:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

### **Monitoring and review**

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

The Headteacher will review this policy on a regular basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention

# APPENDIX 1

## Managing Specific Infectious Diseases

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
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	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
vomiting		
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours 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. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room 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. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.