Infection Control Policy

Statement of intent

Throughout the school year, it is common for children to become unwell. The purpose of this policy is to outline the precautions that we take, and the procedures in place to prevent the spread of illness and infectious diseases within our schools.

We actively prevent the spread of infection through the following measures:

- Encouraging routine immunisation
- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment

We follow guidance from the Public Health Agency.

The practice in this policy applies to the whole school, including our two-year-old unit, and is carried out in conjunction with the following other policies:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Accident & First Aid Reporting Policy

1. Hygiene practice

1.1. We encourage good personal hygiene practice through the following measures:
   - Posters are displayed throughout the school encouraging all pupils, staff members and visitors to wash their hands after using the toilet, before eating or handling food, after touching animals, and following any other actions that increase the risk of the spread of infection, such as coughing or sneezing.
   - Sufficient liquid soap, warm water and paper towels are made available for everyone to wash their hands in all toilets.
   - Where necessary, younger pupils are supervised to ensure they have washed their hands.
   - Pupils and adults within the school are encouraged to cover their mouth and nose with a tissue when they cough or sneeze, and to wash their hands after using and disposing of tissues.
   - Pupils, staff members and visitors are discouraged from touching any stray animals that may come onto the school premises.
   - Hand sanitiser is available around school in particular in any medical room, at first aid stations, nursery and 2YO unit around the sites.

1.2. Cleaners are employed to carry out thorough and frequent cleaning that follows the national guidance and is compliant with control of substances hazardous to health (COSHH) regulations and the school's Health and Safety Policy.

1.3. All contracted cleaners are appropriately trained to use personal protective equipment (PPE).

1.4. Any spillages of bodily fluids are cleaned up immediately with a combination of detergent and disinfectant, and always wearing PPE.

1.5. Mops will never be used to clean up bodily fluid spillages, instead, paper towels will be used and discarded as clinical waste, as described in point 1.8.

1.6. Any pupil's soiled clothing should be hygienically bagged and given to the parent to take home, and should never be rinsed by hand.

1.7. All laundry is washed in a separate dedicated facility and any soiled linens are washed separately.

1.8. Clinical waste must be stored in clinical waste bags, no more than two-thirds full before it is removed by the registered waste contractor.

1.9. All sharps must be immediately discarded into the sharps bin, which is kept out of reach of children.

1.10. Parents should not bring their child to the school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one attention
- 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 24 hours
- The child has an infection and the minimum recommended period to be kept away from school, outlined in Appendix 1, has not yet passed

2. Immunisation

2.1. We keep up-to-date with national and local immunisation scheduling and advice. All pupils' immunisation status is checked at school entry and at the time of any vaccination.

2.2. We encourage parents to have their children immunised.

2.3. All staff must undergo a full occupational health check prior to employment, which confirms they are up-to-date with immunisation.

3. Infectious diseases

3.1. If a member of staff suspects the presence of an infectious disease in the school, they should contact the first aiders or Business Manager for further advice.

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

3.3. If a child is identified as having a notifiable disease, as outlined in Appendix 1, the school will inform the parents, who should inform their doctor. It is a statutory requirement for doctors to then notify the Public Health Agency.

4. First aid

4.1. First aiders should thoroughly wash their hands with soap and water before and after giving first aid.

4.2. Disposable gloves are provided in all first aid boxes and appropriate gloves should be worn for all tasks involving bodily fluids.

4.3. All cuts and abrasions should be covered with waterproof dressings.

4.4. Splashes of blood and/or bodily fluids from another person, which enter the eyes or mouth of the first aider, should be immediately washed out using copious amounts of water.

4.5. Splashes of blood and/or bodily fluids that fall on the skin of the first aider should be washed thoroughly with soap and water.

4.6. Where the skin has been pierced, and it is possible that there has been contact with blood from another person, the first aider should encourage the wound to bleed then wash the area thoroughly and cover with a waterproof plaster.

5. Head lice

5.1. Staff are not permitted to inspect any pupil's hair for head lice.

5.2. However, if a staff member happens to notice head lice in a child's hair, they should inform the parent/carer and advise them to treat the child's hair.

5.3. Children may return to the school, following a case of head lice, if their hair has been treated.

5.4. When a child has been identified as having a case of head lice, and this is an ongoing issue, a communication may be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their own children's hair.

6. Procedures for unwell pupils/staff

6.1. If a staff member notices a pupil is displaying warning signs of being unwell, such as not being themselves (e.g. not having a snack, wanting more attention/sleep than usual), and/or is displaying physical signs of being unwell (e.g. watery eyes, flushed face, clammy skin), the parent/carer will be informed of the situation.

6.2. Where a staff member identifies a child as clearly unwell, they will take the child to the office.

6.3. Otherwise, staff will:

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

6.4. Pupils and staff displaying any signs of infection will be sent home and recommended to see a doctor.

6.5. If a pupil is identified with sickness and diarrhoea, the parent/carer will be contacted immediately and the child must go home, and only return after 24 hours have passed without symptoms.

6.6. If a staff member is suffering from vomiting and diarrhoea, they will be sent home and should not return until 24 hours have passed without symptoms.

6.7. If the school is unable to contact the parent/carer in any situation, the child's first emergency contact will be contacted.

6.8. Parents are asked to disclose if their child has a medical condition which makes them vulnerable to infection.

6.9. If a vulnerable child, which includes those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immunity, is exposed to chicken pox or measles, the parent/carer will be informed immediately and further medical advice sought.

6.10. Pupils and staff should not return to school, following an infectious illness, any sooner than the recommended absence period outlined in Appendix 1.

Pregnant staff

6.11. All female staff are advised to ensure they have had two doses of MMR vaccine if pregnancy is a possibility.

6.12. The workplace can pose a risk of infection to pregnant women. If a pregnant member of staff develops a rash or is in direct contact with someone with a potentially infectious rash, it is recommended that they see a doctor.

6.13. If a pregnant woman has been exposed to chicken pox and she has not already had the infection, she should report the exposure to her GP and midwife.

6.14. If a pregnant woman comes into contact with German measles or measles, she should immediately inform her GP and antenatal carer for investigation.

6.15. If a pregnant woman is exposed to slapped cheek (fifth disease or parvovirus B19) before she is 20 weeks pregnant, she should inform her antenatal carer, to allow prompt investigation.

7. Medication

7.1. All medicine administered in school must be done in line with the Medication Policy.

Chair of ALP: | | **Date:** |

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Appendix 1: Recommended period to be kept away from school after infection

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by the Public Health Agency.
*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to the Public Health Agency.

Infection	Recommended minimum period to stay away from school	Comments
Rashes and skin infections		
Athlete's foot	None	Treatment recommended; however, this is not a serious condition.
Chicken pox*	Until crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR). Follow procedures for pregnant staff.
Hand, foot and mouth rashes	None	If a large number of pupils/staff are affected, contact the Public Health Agency.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	None
Measles*	Four days from onset of rash	Preventable by vaccination. Follow procedures for vulnerable children and pregnant staff.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will need treatment also.
Scarlet fever*	24 hours after commencing antibiotic treatment	If more than one pupils/staff are affected, contact the Public Health Agency.
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	Follow procedures for vulnerable children and pregnant staff.
Shingles	Stay away from school only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune. Follow procedures for vulnerable children and pregnant staff.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illnesses		
Diarrhoea and/or vomiting	24 hours from the last episode of diarrhoea or vomiting	None
E.coli*	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Typhoid* and paratyphoid* (enteric fever)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Shigella* (dysentery)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice.
Cryptosporidiosis*	48 hours from the last episode of diarrhoea or vomiting	Exclusion from swimming for two weeks after diarrhoea has settled is recommended.
Respiratory infections		
Flu (influenza)	Until recovered	Follow procedures for vulnerable children.
Tuberculosis*	Consult the Public Health Agency for recommendation	Requires prolonged close contact to spread.
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. Non-infectious coughing can continue for many weeks.
Other infections		
Conjunctivitis	None	If an outbreak occurs, contact the Public Health Agency.
Diphtheria*	Consult the Public Health Agency for recommendation – exclusion is always necessary	Preventable by vaccination. Family contacts must be excluded until cleared to return by the Public Health Agency.
Glandular fever	None	None
Head lice	None	Treatment is recommended when live lice have been seen.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	In an outbreak, the Public Health Agency will advise control measures.
Hepatitis B*, C and HIV/AIDS	None	Not infectious through casual contact. Follow procedures for bodily fluid spills.

Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. The Public Health Agency will advise on any action needed. There is no reason to exclude those who have been in close contact.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The Public Health Agency will advise on any action needed. There is no reason to exclude those who have been in close contact.
Meningitis viral*	None	Milder form of meningitis. There is no reason to exclude those who have been in close contact.
MRSA	None	Good hygiene is important to minimise the spread.
Mumps*	Five days after onset of swelling	Preventable by vaccination.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	None