

Meare Village Primary School

Infection Control Policy



Approved by:	Headteacher	Date: May 2022
Last reviewed on:	May 2022	
Next review due by:	May 2024	

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Statement of intent

Infections can easily spread in a school due to:

- 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.

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person.
- **Direct contact spread** – direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread** – contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread** – contact with infected blood or bodily fluids, e.g., via bites or used needles.

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

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

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

1. 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

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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'

This policy operates in conjunction with the following school policies and documents:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy
- First Aid Policy

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

- Wall-mounted soap dispensers are used in all toilets – bar soap is never used. Toilet paper is always available in cubicles.
- Suitable sanitary disposal facilities are provided where necessary.

Nappy changing areas

- There is a designated changing area that is separate from play facilities and food and drink areas.
- Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name.
- Changing mats are wiped with soapy water or a baby wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a weekly basis for tears and damage, and replaced if necessary.
- Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

Contenance 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.

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Laundry

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

- Appropriately trained cleaning staff are employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use.
- The School is responsible for monitoring cleaning standards and discussing any issues that may arise with the site staff.

Toys and equipment

- A written schedule is in place to ensure that toys and equipment are cleaned on a daily basis. Toys that are “soft”, such as modelling clay and ‘Play-doh’, are discarded whenever they look dirty.
- Sandpits are covered when not in use and the sand is changed on a regular basis: four weeks for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous.
- 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 and CE (Conformité Européene) marked. If there is a risk of splashing to the face, goggles are worn.
- Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned

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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.

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 accident log and medical advice is sought immediately.

Pupil immunisation

- The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.

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 weeks preceding the trip are not permitted to attend public swimming pools

In the event of infection

7 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 taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- 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

8 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

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disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

- The Lead Teacher/Head of School 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.

9 Procedures for unwell pupils/staff

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

- a. Increased temperature or cough
- b. Not being themselves
- c. Not eating
- d. Wanting more attention/sleep than usual
- e. 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 parent will be informed of the situation as will the Senior Teacher/Head of School.

- f. 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.
- g. Provide the pupil with a drink of water.
- h. Move the pupil to a quieter area of the classroom or school.
- i. Ensure there is a staff member available to comfort the pupil.
- j. Summon emergency medical help if required.

Pupils and staff displaying any of the signs of becoming unwell outlined above will be sent home, and we will recommend that they see a doctor.

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 a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 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, and parents are advised of the best way to launder the clothing.

10 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 Executive Headteacher.

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- 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.

11 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.
- The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect.
- All medicine provided in school will be administered in line with the *Supporting pupils with medical conditions*.

12 Outbreaks of infectious diseases

An incident is classed as an 'outbreak' where:

- a. Two or more people experiencing a similar illness are linked in time or place.
- b. A greater than expected rate of infection is present compared with the usual background rate, e.g.:
 - 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 contact the HPT to discuss the situation and agree if any actions are needed.

The Headteacher will provide the following information:

- 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 contact the HPT.
- The HPT will provide the school with draft letters and factsheets to distribute to parents.
- The 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 Headteacher for further advice.

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- If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers and other school staff.
- A pupil returning to the school following an infectious disease will be asked to contact the Headteacher/Senior Teacher
- 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 centre.
- During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The SBM will liaise with the cleaners to ensure these take place.

13 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 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 will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.

Rubella (German measles):

If a pregnant staff member is exposed to rubella, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.

Slappedcheekdisease(ParvovirusB19):

If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

14 Staff handling food

- Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that

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they are clear to return to work. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.

- The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.

- Food handlers are required by law to inform the school if they are suffering from any of the following:

- o Typhoid fever

- a. Paratyphoid fever

- b. Other salmonella infections

- c. Dysentery

- d. Shigellosis

- e. Diarrhoea (where the cause of which has not been established)

- f. Infective jaundice

- g. Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils

- h. E.coli VTEC infection

'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

15 Managing specific infectious diseases

- When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the [Managing Specific Infectious Diseases](#) appendix.

16 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 an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.