

Duddon Saint Peter's CE School



Infection Control Policy

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.

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 (Amendment) Regulations 2006
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) (Amendment) Regulations 2020

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
- Medications Policy
- First Aid Policy

Preventative measures

- 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.
- [Primarily EYFS] Nappy changing areas
- Skin is cleaned with disposable wipes.
- 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.
- Potties are washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves are used to flush waste down the toilet. Rubber gloves are washed after use (whilst still being worn), along with the wearer's hands.
- Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

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

- 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

Cleaners 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 Business Manager is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Toys and equipment

- 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.
- 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) is worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex/latex free 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 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.

Hypodermic needles (sharps)

- Injuries incurred through sharps found on school grounds will be treated appropriately. All sharps found on school premises will be disposed of in the sharps bin wearing PPE.

Pupil immunisation

- The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.
- Each pupil’s immunisation status is checked upon school entry and at the time of any vaccination by the school nurse.
- 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 pupils if there are any concerns.
- [EYFS only] Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.
- [EYFS only] Before starting school, pupils should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.
- [Primary schools only] All pupils in Reception to Year 6 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, or by the school nurse, 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 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.
- Animals in school are only permitted in the following areas: classrooms and the main hall.
- Visits to farms are strictly controlled by risk assessments.
- Visits to zoos are strictly controlled by use of risk assessments.

Water-based activities

Swimming lessons

- General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.

Other activities

- Alternative water-based activities are only undertaken at reputable centres.
- 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.
- After canoeing or rowing, staff and pupils immediately wash or shower.
- 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 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 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 head teacher 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

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 is taken to the school office, where their temperature will be taken and the pupil's parents will be informed of the situation.

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.
- Pupils and staff displaying any of the signs of becoming unwell 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.

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.

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 Medication Policy.

Outbreaks of infectious diseases

An incident is classed as an 'outbreak' where:

- A greater than expected rate of infection is present compared with the usual background rate, e.g.:
- A greater number of pupils than usual are diagnosed eg.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 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 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.

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 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 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.

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

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 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:
 - Typhoid fever
 - Paratyphoid fever
 - Other salmonella infections
 - Dysentery
 - Shigellosis
 - Diarrhoea (where the cause of which has not been established)
 - Infective jaundice
 - Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
 - E.coli VTEC infection
- 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.
- 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.

Monitoring and review

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

Date: *March 2020*

Date of review *Spring 2023*