



# Bleak Hill Primary School

INFECTION CONTROL POLICY

AUTUMN 2023

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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:

- The Control of Substances Hazardous to Health Regulations (COSHH) 2002 (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 (RIDDOR) 2013
- The Health Protection (Notification) Regulations 2010
- The Health Protection (Local Authority Powers) Regulations 2010

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

- Public Health England (PHE) (2019) '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
- Animals in School Policy
- First Aid Policy
- Head Lice Policy
- Farm Visit Risk Assessment
- Swimming Risk Assessment

# **Preventative measures**

## **2. Ensuring a clean environment**

### **Sanitary facilities**

Wall-mounted soap dispensers are used in all toilets – bar soap is never used.

A foot-operated 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**

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 contractors**

A cleaning contractor is 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 SBM 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 regular basis. Toys that are “soft”, e.g. 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) 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 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 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. The school spillage kit is stored in the cleaner's cupboard.

### **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 in line with the school's Sharps Policy. All sharps found on school premises will be disposed of in the sharps bin wearing PPE.

## **3. 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/).

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.

A risk assessment will be conducted before any vaccinations take place.

All pupils in Reception to Year 4 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, e.g. 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, e.g. 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.

## **4. 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.

## **5. Contact with pets and animals**

Animals in schools are strictly controlled under our Animals in School Policy.

Animals in school are only permitted in the following areas: classrooms and the main hall.

Animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.

Visits to farms are strictly controlled by the policies and protocols contained in our Farm Visit Risk Assessment.

## **6. Water-based activities**

### **Swimming lessons**

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

Pupils who have experienced vomiting or diarrhoea in the weeks preceding the trip are not permitted to attend public swimming pools.

### **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**

### **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 a high temperature or 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 disease that compromises their immune system or be undergoing treatment, e.g. 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.

### **9. Procedures for unwell pupils and 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, 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 outlined in [section 9](#) 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 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.

## **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 Administering Medication Policy.

## **12. 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, 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 school nurse 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 their teachers and the school nurse.

A pupil returning to the school following an infectious disease will be asked to contact the school nurse.

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 PHE centre.

During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The SBM will liaise with the cleaning contractor 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.

**Slapped cheek disease (Parvovirus B19):** 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 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.

## **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.

The next scheduled review date is November 2024

HPECS guidance: Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, <a href="#">contact your local UKHSA health protection team</a> .
Respiratory infections including coronavirus (COVID-19)	<p>Individuals should not attend if they have a high temperature and are unwell.</p> <p>Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	<p>If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.</p> <p>For more information, see <a href="#">Managing outbreaks and incidents</a>.</p>
Diphtheria*	<p>Exclusion is essential.</p> <p>Always contact your <a href="#">local UKHSA health protection team</a>.</p>	<p>Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your <a href="#">local UKHSA health protection team</a>.</p>
Flu (influenza) or influenza like illness	Until recovered	<p>Report outbreaks to your <a href="#">local UKHSA health protection team</a>.</p> <p>For more information, see <a href="#">Managing outbreaks and incidents</a>.</p>
Glandular fever	None	
Hand foot and mouth	None	<p>Contact your <a href="#">local UKHSA health protection team</a> if a large number of children are affected. Exclusion may be considered in some circumstances.</p>
Head lice	None	

Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your <a href="#">local UKHSA health protection team</a> 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 <a href="#">local UKHSA health protection team</a> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR.  Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.  Your <a href="#">local UKHSA health protection team</a> will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <a href="#">local UKHSA health protection team</a>

		<a href="#">protection team</a> 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 <a href="#">local UKHSA health protection team</a> for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.

Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your <a href="#">local UKHSA health protection team</a> .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your <a href="#">local UKHSA health protection team</a> before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.</p>



Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination.  After treatment, non-infectious coughing may continue for many weeks. Your <a href="#">local UKHSA health protection team</a> will organise any contact tracing.