

# Infection Control Policy



# EPWORTH

## EDUCATION TRUST

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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 our 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

- 1.1. 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
- 1.2. This policy has due regard to statutory guidance including, but not limited to, the following
  - Public Health Guidance on infection control in schools
  - Public Health England (2017) 'Health protection in schools and other childcare facilities'
  - DfE (2015) 'Supporting pupils at school with medical conditions'
- 1.3. 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

# Preventative measures

## 2. Ensuring a clean environment

### Sanitary facilities

- 2.1. Wall-mounted soap dispensers are used in all toilets – bar soap is never used unless there is an emergency eg. no liquid soap available
- 2.2. A foot-operated waste paper bin is always made available where disposable paper towels are used.
- 2.3. Toilet paper is always available in cubicles.
- 2.4. Suitable sanitary disposal facilities are provided where necessary.

### **[Primarily EYFS] Nappy changing areas**

- 2.5. There is a designated changing area that is separate from play facilities and food and drink areas.
- 2.6. Skin is cleaned with disposable wipes, and nappy creams and lotions that have been prescribed by a medical professional can be applied to a child at nappy changing time (it must have the prescribing label on it) and be noted down on nappy changing record sheet.
- 2.7. Changing mat must be thoroughly wiped down after each use using antibacterial spray (bleach free) and disposable barrel roll or paper towels which are then disposed of in yellow medical waste bin bag. 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.
- 2.8. There is a designated sink for cleaning potties. Potties must be emptied into the toilet after each use and sprayed clean using antibacterial spray and disposable barrel roll/paper towels. 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.
- 2.9. Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.
- 2.10. Soiled nappies are disposed of in the Sengenic (or Sengenic style) nappy bin and emptied each night into the yellow medical waste bag.
- 2.11. Staff must wear a yellow apron and disposable gloves when changing nappies with the gloves being changed for each new child.

### **Continence aid facilities**

- 2.12. 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**

- 2.13. All laundry is washed in a separate dedicated facility, and any soiled linens are washed separately.
- 2.14. Gloves and aprons are worn when handling soiled linen or clothing. Hands are thoroughly washed after gloves are removed.

### **Cleaning**

- 2.15. The school employs a site supervisor and cleaner 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 Headteacher is responsible for monitoring cleaning standards and discussing any issues that may arise.

### **Toys and equipment**

- 2.16. A written schedule is in place to ensure that toys and equipment are cleaned on a regular basis. Toys that are “soft”, such as modelling clay and ‘Play-doh’, are discarded whenever they look dirty.
- 2.17. Sandpits are covered when not in use and the sand is changed on a regular basis.
- 2.18. 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**

- 2.19. 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**

- 2.20. Cuts and abrasions are covered with waterproof dressings.
- 2.21. 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.
- 2.22. 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.

- 2.23. 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 site supervisor's cupboard.

### **Bites**

- 2.24. If a bite does not break the skin, the affected area is cleaned with soap and water.
- 2.25. 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.

## **3. Pupil immunisation**

- 3.1. 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/).
- 3.2. Each pupil's immunisation status is checked upon school entry and at the time of any vaccination by the school healthcare team.
- 3.3. Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.
- 3.4. The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.
- 3.5. 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.
- 3.6. 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.
- 3.7. 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.
- 3.8. Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.
- 3.9. Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.
- 3.10. The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.
- 3.11. Needles are kept away from pupils before and after the vaccine is administered.

- 3.12. 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. Contact with pets and animals**

Contact with any animals within school or on a school visit are governed by the control measures outlines in the Anima; / Trip Risk Assessment

## **5. Water-based activities**

### **Swimming lessons**

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

### **Other activities**

- 5.3. Alternative water-based activities are only undertaken at reputable centres.
- 5.4. 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.
- 5.5. After canoeing or rowing, staff and pupils immediately wash or shower.
- 5.6. 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**

### **6. Preventing the spread of infection**

6.1. 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

### **7. Vulnerable pupils**

- 7.1. 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.
- 7.2. The school will be notified if a child is “vulnerable”. Parents are responsible for notifying the school if their child is “vulnerable”.
- 7.3. 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.

### **8. Procedures for unwell pupils/staff**

8.1. 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

8.2. Where a staff member identifies a pupil as unwell, a first aider 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.

- 8.3. Pupils and staff displaying any of the signs of becoming unwell outlined in 9.1 will be sent home, and we will recommend that they see a doctor.
- 8.4. 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.
- 8.5. 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.
- 8.6. 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**

- 8.7. 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.

### **9. Exclusion**

- 9.1. Pupils suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period.
- 9.2. Pupils can be formally excluded on medical grounds by the headteacher.
- 9.3. 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.
- 9.4. 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.

### **10. Medication**

- 10.1. 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.
- 10.2. All medicine provided in school will be administered in line with the Administering Medication Policy.

### **11. Outbreaks of infectious diseases**

- 11.1. 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.
- 11.2. As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will contact the central team 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
- 11.3. The central team will monitor the situation and will make the decision as to whether HPT must be contacted
- 11.4. Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported to the Central Team who will contact HPT.
- 11.5. If the headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the central team.
- 11.6. The HPT will provide the school with draft letters and factsheets to distribute to parents.
- 11.7. 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.
- 11.8. If a member of staff suspects the presence of an infectious disease in the school, they will contact SLT for further advice.
- 11.9. If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers.
- 11.10. If a pupil is identified as having a notifiable disease, as outlined in the guidance on infection control in schools, 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.
- 11.11. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT.

## 12. Pregnant staff members

- 12.1. 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.
- 12.2. **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.
- 12.3. **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately.
- 12.4. **Rubella (German measles):** If a pregnant staff member is exposed to rubella, she will inform her midwife immediately.
- 12.5. **Slapped cheek disease (Parvovirus B19):** If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

## 13. Staff handling food

- 13.1. 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.
- 13.2. 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

## 14. Managing specific infectious diseases

- 14.1. When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the Guidance on Infection Control in schools.

## **15. Monitoring and review**

- 15.1. All members of staff are required to familiarise themselves with this policy as part of their induction programme.
- 15.2. The Epworth Trust will review this policy every 3 years and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.
- 15.3. The next scheduled review date is Spring 2023.

## List of notifiable diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever