

Infection Control Policy

Aim:

This policy aims to provide the school community with guidance to prepare for, and where possible prevent, the spread of infection within the school.

Objectives:

The Infection Control Policy should align to the following existing practices stipulated by Government and Public Health England:

- First Aid;
- Safeguarding;
- Medicine Management; and
- Guidance on Infection Control in the Education Setting.

Introduction:

Students and staff interaction in the wide range of education settings presents a variety of challenges when implementing effective infection control.

Infection can be spread by direct contact, touching infected items, respiratory, blood borne (following injury) or gastrointestinal transmission (contamination of food or drink).

Infections in the school environment may spread faster due to:

- Immune system being vulnerable or immature;
- Vaccinations not mandatory or incomplete resulting in ineffective immunisation;
- Habitual lack of social distancing;
- Ineffective hygiene practices (hand washing - thorough and regular);
- The general environment and challenges maintaining sanitation levels.

Planning and preparing:

In the event of the school becoming aware that a student or member of staff has an infectious illness or disease, apart from providing local medical attention and advice to parents, it would consult with the Education Authority and the Public Health Agency.

During an outbreak of an infectious illness such as pandemic influenza the school will seek to operate as normally as possible but will plan for higher levels of staff and student absence.

The decision on whether school should remain open or close will be based on medical evidence following dialogue with the Public Health Agency.

Where possible the school will remain open. However, this would be cognisant of staff absence levels and the school's ability to provide adequate supervision for the children. Should the decision be made to close the school, students will be set work to complete at home and in prolonged cases a distance learning strategy will be employed.

Principles:

The school recognises that infections such as influenza are not new; however, in instances such as a pandemic (e.g. Coronavirus 2020(Covid-19)) there is a need for the school to be flexible and adapt swiftly in order to meet Department of Health and Social Care guidelines and/or Government advice.

The school should be prepared to respond to known infections in the community and understand that these have the ability to spread particularly rapidly in schools where students may have little or no residual immunity.

The closing of the school may be necessary in exceptional circumstances in order to control an infection. However, the school will strive to remain open unless advised otherwise.

To limit spread of infection the school will deliver clear communication lines on promoting healthy living and good hand hygiene. School staff will convey positive messages on health and well-being both during lessons and through conversations with students.

Notifiable diseases (RIDDOR):

By law, certain infectious diseases must be notified to the medical officer for Environmental Health in the area where the student or staff live.

This will normally be done by the person's own doctor (General Practitioner(GP)). The reason for this is to provide health information to be analysed for trends and introduce measures to prevent epidemics. For certain infections, e.g. salmonella, the Environmental Health Department will try to trace all the known contacts of the patient; in an attempt to monitor and control the outbreak.

Pregnant Staff:

Any pregnant member of staff who comes into contact with someone with an infection or rash should consult a midwife promptly.

Where possible the school will ensure a pregnant member of staff does not come into contact with anyone with possible infectious illnesses.

Vulnerable Students:

The school has a process in place to ensure that vulnerable students at particular risk from infection have their needs assessed and a care plan in place; approved by medical professionals, and appropriate for their needs. This is completed on an individual basis for any student that is considered at risk.

Infection control:

Routes of Infection:

There are a number of routes of infection which may be prevalent in schools where students and staff share close proximity.

- Air-borne transmission: Micro-organisms are spread through the air, coughing or sneezing.
- Direct contact: Micro-organisms are spread from person to person or indirectly with an inanimate object that has been previously contaminated.
- Faecal-oral transmission: spread from hand to mouth through inadequate hand washing after a toilet visit.

- Blood and body fluid transmission: Through an injury which results in broken skin and bleeding.

Standard Precautions of Infection Control:

Staff and students are given the following advice about how to reduce the risk of passing on infections to others:

- Wash your hands regularly, particularly after coughing, sneezing or blowing your nose;
- Minimise contact between your hands and mouth/nose, unless you have just washed your hands;
- Cover your nose and mouth when coughing or sneezing;
- Do not attend school if you think you may have an infectious illness.

HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS

Onsite medical provision:

During the school day, if an individual becomes unwell or injured they must go to the medical centre for assessment and, if necessary, treatment by the School Nurse.

The medical centre is fully equipped with medical supplies, a treatment room, two rest rooms and isolation room as required.

Cleaning of blood and other body fluids:

Blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately by staff wearing appropriate PPE

The cleaning product must combine both a detergent and a disinfectant to be effective against bacteria and viruses and suitable for the surface to be cleaned.

Mops should never be used for cleaning up blood and body fluids - instead, disposable paper towels should be used and disposed of as 'clinical waste'.

All clinical waste is removed by a registered waste contractor.

Covid 19 Government Guidance – Addendum

There are no covid 19 restrictions in the UK.

If you have COVID-19 you should try to stay at home.

Most people cannot get free COVID-19 tests. You can buy tests in shops but you cannot report the result to the NHS.

You can [get vaccinated against COVID-19 by the NHS](#).

You do not need to take a test or quarantine when you arrive in the UK. You should [check travel advice for any country you are travelling to](#).

When children and young people with symptoms should stay at home and when they can return to education

Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education setting.

Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where they can. They can go back to school, college or childcare, and resume normal activities when they no longer have a high temperature and they are well enough to attend.

All children and young people with respiratory symptoms should be encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands after using or disposing of tissues.

It can be difficult to know when to seek help if your child is unwell. If you are worried about your child, especially if they are aged under 2 years old, then you should seek medical help.

Children and young people aged 18 years and under who have a positive test result

It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.

If a child or young person has a positive COVID-19 test result they should try to stay at home and avoid contact with other people for 3 days after the day they took the test, if they can. After 3 days, if they feel well and do not have a high temperature, the risk of passing the infection on to others is much lower. This is because children and young people tend to be infectious to other people for less time than adults.

Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.

HPECS guidance: Exclusion table

| Infection | Exclusion period | Comments |
|---|---|--|
| Athlete's foot | None | Children 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, consult your local health protection team (HPT) . |
| Respiratory infections including coronavirus (COVID-19) | Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. | Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting. |
| Diarrhoea and vomiting | Staff and students can return 48 hours after diarrhoea and vomiting have stopped. | 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. For more information, see Managing outbreaks and incidents . |

| Infection | Exclusion period | Comments |
|---|--|--|
| Diphtheria* | Exclusion is essential. Always consult with your UKHSA HPT . | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT . |
| Flu (influenza) or influenza like illness | Until recovered | Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents . |
| Glandular fever | None | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances. |
| Hand foot and mouth | None | |
| 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 local HPT 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 UKHSA HPT 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 pupils and 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 local HPT will advise on any action needed. |

| Infection | Exclusion period | Comments |
|---|--|--|
| Diphtheria* | Exclusion is essential. Always consult with your UKHSA HPT . | Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT . |
| Flu (influenza) or influenza like illness | Until recovered | Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents . |
| Glandular fever | None | |
| Hand foot and mouth | None | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances. |
| 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 local HPT 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 UKHSA HPT 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 pupils and 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 local HPT will advise on any action needed. |

| Infection | Exclusion period | Comments |
|--|---|--|
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT 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 UKHSA HPT for more information. |
| Mumps* | 5 days after onset of swelling | Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and 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 pupils and 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 UKHSA HPT . |
| 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. |

| Infection | Exclusion period | Comments |
|-----------------------------|---|---|
| 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 consult your local HPT before disseminating information to staff, parents and carers.</p> | <p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local HPT 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 | <p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.</p> |

Last reviewed by JZM covid 19 updates added, Sept 2025