Control of Infections Policy

DRYBROOK PRIMARY SCHOOL

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Statement of Intent

The school is committed to safeguarding the health, safety and welfare of staff, pupils and visitors so far as is reasonably practicable. Communicable disease can constitute a health and safety hazard to anyone entering the school and this policy aims to ensure that such risks are reduced wherever possible.

It is important that staff are aware of this policy and of statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease.

Staff should also be particularly aware of the practical procedures to control the spread of communicable diseases.

Staff should also be aware of the school's First Aid and Medicine Policy which may also be relevant.

Section 1: ORGANISATION AND RESPONSIBILITIES

Attendance and Mild Illness
Children with mild symptoms such as a runny nose, sore throat, or slight cough should continue to attend school. Children should remain at home if they have a high temperature (38°C or above) or are too unwell to participate in normal activities.
1.0 Headteacher's Responsibilities

Safeguarding Considerations
If exclusion for infectious illness poses a risk to a pupil's wellbeing due to existing vulnerabilities, staff must notify the Designated Safeguarding Lead so that appropriate support can be put in place.
1.1 The Headteacher shall ensure the following:

a. that staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others,
b. that infection control issues are considered when doing workplace assessments,
c. that staff are instructed, monitored and up-dated in correct infection control procedures,
d. that records are maintained of staff' Hepatitis B vaccination history in areas where a risk of the disease has been identified.
e. that sharp injuries are reported and that staff follow the correct procedures.
f. That appropriate quantities of Personal Protective Equipment (PPE) – suitable vinyl, protective gloves, aprons and resuscitation face masks are available at all times.

1.2 All Teaching staff

Individual staff are responsible for ensuring that they are familiar with and follow the infection control procedures for their own area.

If any member of staff is unwell he/she should not return to school until clear of symptoms.

1.3 First Aiders

First aiders should ensure they are familiar with this policy. Individuals may be exposed to infectious substances such as blood and other bodily fluids and should take the following precautions to reduce the risk of infection:

- Cover any cuts or grazes on their skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any bodily fluids
- Use suitable eye protection and a disposable plastic apron where splashing is possible
- Use resuscitation face masks if you have to give mouth to mouth resuscitation
- Wash your hands after each procedure.

1.4 Premises manager

The premises manager is responsible for ensuring that good standards of cleaning are maintained at all times.

In the event of an outbreak of infection the Premises manager will arrange for relevant areas to be deep cleaned.

1.5 Kitchen Manager and all catering staff

The two main pieces of legislation which address issues of infection control on the area of food preparation are **The Food Safety Act 1990 and The Food Hygiene (England) Regulations 2006.**

- All those with the responsibility for food preparation should be aware of their duties under this legislation and have received training applicable to their level of responsibility in the food preparation area. The school requires that the minimum training for all kitchen staff must be the Basic Food Hygiene Certificate. If the new staff do not hold this certificate when they join the school, arrangements should be made within a month for them to attend a course. New catering staff must be made aware of food hygiene arrangements.
- Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom free for a minimum of 48 hours.
- Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do
- Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

1.6 Pregnant staff/visitors

Pregnant staff who are exposed to measles, rubella, or chickenpox/varicella must seek advice from their midwife or GP immediately.

- Pregnant staff will need to be given special advice of certain infectious diseases such as Rubella and Chicken Pox (Varicella-Zoster). As staff might not be aware that they are pregnant everyone should be informed if there are cases of German Measles or Chicken Pox in the school.

- Staff should be advised to ask their doctor for a test to establish their immunity to German Measles if they are planning to become pregnant. Previous vaccination in childhood does not guarantee immunity.

1.7 Pupils and parents

Pupils are expected to comply with any request from staff to leave the area if someone is unwell. They should also report any concerns they may have to a member of staff.

Any pupil who has had sickness or diarrhoea should stay away from school until they have been symptom free for 48 hours. If parents are able to show that these symptoms have not been caused by a virus or infection (i.e. such as over indulgence) then there may be occasions when a child may return to school earlier. This is at the discretion of the school and the parents should always ring the school in the first instance to ask for permission to return early.

Section 2: ARRANGEMENTS

2.1 Risk Assessment

- A general risk assessment of the school premises should consider the hazards that might be posed by infectious disease. In some areas there will be little or no risk identified over and above that which is encountered in everyday life. In some areas, however, where there exists a pupil or employee with known or probable health problems, further analysis will have to be made.
- The care plans of individual pupils with special needs should indicate if they are suffering from an infectious disease that requires special precautions to be taken, especially if they require personal care. This would also apply to pupils who are unpredictable and violent. However, the confidentiality of the pupil's medical condition should be protected whenever possible.
- Immunisation advice to staff will cover some aspects of risk, as will training in sound hygiene practices such as washing and universal precautions (*see 2.2-2.3*).

Vaccination Promotion
Drybrook Primary School actively encourages uptake of routine vaccinations, including MMR, flu, and others recommended by public health authorities. The school works with the School Age Immunisation Service (SAIS) to support vaccination programmes.

2.2 Basic Hygiene Measures

- In all areas of the school it is important to observe good basic hygiene procedures. **Universal Infection Control Precautions** is an approach to infection control that assumes anybody might be infectious, even if they do not fall into an obvious risk group. Therefore, when dealing with any fluids, it is necessary to employ infection control measures.

2.3 Hand-washing

Effective hand washing is an important method of controlling the spread of infections, especially those causing diarrhoea and vomiting type illness. Therefore always wash hands after using the toilet and before eating or handling food using the following technique:

a. Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used it is important that they are kept on a clean soap dish when not being used.
b. Rub hands vigorously together until soapy lather develops and continue for at least 15 seconds ensuring that all surfaces of the hand are covered.
c. Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels as they can harbour micro-organisms which can then be transferred from one person to person.
d. Discard paper towels into a bin (pedal bins are preferable).
e. It is important to ensure that hand basins are kept clean.
f. The school also has alcohol hand gel around situated in classrooms and around the building for children to use once they have cleaned thoroughly with soap.

2.4 Disposal of Sharps

- Sharps may sometimes be found discarded on school premises. Sharps include needles or syringes, scalpel blades, and razor blades etc. Used sharps will inevitably have traces of blood on them. Therefore it is important that they are not allowed to cut or penetrate the skin of another person after they have been used.
- **Staff should not pick up any 'sharps'. The local street wardens can be contacted who will attend the site to remove any hazardous waste.**

2.5 Cleaning-up body fluid spills

a. Disposable gloves must be available and should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people. Plastic aprons should also be available and used where necessary.
b. Any cuts on the hands or arms should be covered with waterproof plasters.
c. Clean the pupil (or staff member) and remove them from the immediate area.
d. Isolate the area with signs, chairs, cones etc.
e. The spillage should be covered with paper towels and soaked with 1 in 10 diluted bleach or one of the proprietary clean-up packs, which can be purchased for these circumstances, can be used. The proprietary brands are generally safer to handle and more appropriate on carpets and upholstery.
f. Leave for 10 minutes or follow the instructions enclosed with proprietary brand.
g. Clean up spillage.
h. This can be disposed of by flushing down the toilet.
i. The area should then be cleaned thoroughly with detergent and hot water using disposable cloths, and then wiped over using standard hypochlorite solution (bleach, Milton) following the manufacturer's instructions.
j. Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly (*as described in 2.3 above)*

2.6 Accidental Contamination with Body Fluids

- Blood borne viruses do not invade the body through intact skin; they can however penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds (so-called "sharp issues" injuries).
- In the event of an accident with body fluids that results in possible contamination the following procedures should be followed:

IMMEDIATE ACTION by the person involved, first aider and manager:

a. make the wound bleed for a few seconds, but do not suck the wound.
b. wash the wound with soap and warm running water, do not scrub
c. cover the wound
d. conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
e. Report the incident to the Headteacher and ask them to complete, with your help, an accident form as soon as possible. The accident form should note: whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

AS SOON AS POSSIBLE (WITHIN THE HOUR)

a. Report the matter to your GP or the local A&E department.
b. Take the accident form with you to the GP.
c. If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
d. However if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
e. Blood should be taken and tested for Hepatitis B.
f. The Consultant for Communicable Disease Control (CCDC) should be informed of the incident by the Headteacher. If the person whose bodily fluids are involved is known, their details should be given to the CCDC.
g. The Headteacher should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

2.7 The United Kingdom Health Security Agency (UKHSA, previously PHE)

- The UKHSA is responsible for dealing with outbreaks of communicable disease. The UKHSA should be contacted (by phone initially) by schools when there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease. UKHSA will advise on all management aspects of the situation. This will include information to parents, pupils and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press.
- For the list of reportable diseases see Appendix 1

Remote Learning During Exclusion
Where pupils are excluded from school due to infectious illness, the school will provide access to remote learning as soon as reasonably practicable, in line with DfE expectations.

2.8 Training

- Training should be delivered to staff where there is an identified risk.
- Appropriate training will need to be identified for the different categories of infection risk that staff encounter in their particular jobs. Staff working entirely in the school office are unlikely to require training. Cleaners, facilities staff and staff supporting pupils with special needs will require specific instruction in this area.
- Food handlers must attain the appropriate Food Hygiene Certificates as soon as possible after they are employed if they do not already hold these qualifications.

2.9 First Aid

- First Aid is an area that might expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider there is an element of infection control based on Universal Infection Control Precautions.
- Staff responsible for purchasing first aid materials should supply first aiders with suitable vinyl protective gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box (*see **Universal Infection Control Procedures** for further details*).

2.10 Immunisation

- Specific immunisation is not necessary for all staff in the context of their work. However school staff have been identified as being at risk of specific infections, such as, Tuberculosis (TB), Rubella, Polio and Tetanus. Staff should be issued with advice when sent their pre-employment medical questionnaire.
- It is recommended that the Premises manager and all trained first aiders should have up to date tetanus vaccinations.
- It is not considered necessary for the Hepatitis B or HIV/AIDS status of staff to be declared. If the Infection Control Procedures are set out in these Guidelines are followed there will be no risk to either pupils or other staff.

2.11 Contact with Animals

Early Years Foundation Stage (EYFS)
In EYFS settings, additional infection control measures apply. Staff must ensure strict hand hygiene, safe nappy changing procedures, and increased vigilance for notifiable diseases. Younger children may be more vulnerable, and procedures must be followed consistently to reduce risks.

- Farm visits pose a potential risk of infection to pupils and adults. Generally farms that are open for visits are plentifully supplied with wash hand basins. Pupils should be instructed to wash their hands thoroughly after touching animals, especially before eating.
- Pond Dipping and Canoeing are activities that might bring pupils into contact with leptospirosis (Weil's Disease). This is a disease caused by contact with the urine of infected rats. The organism can penetrate skin, especially broken skin. Therefore cover any abrasion with waterproof plasters and wash thoroughly after contact with pond or river water. Symptoms develop about ten days after contact and can include severe headache, severe muscle aches and tenderness, redness of the eyes, loss of appetite, vomiting and sometimes a skin rash. Anyone who has been in contact with pond or river water and subsequently develops any of these symptoms in the time period should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

CONCLUSION

Basic good hygiene practice is the key to infection control in schools and in areas of food preparation.

The inclusion of infection control issues in risk assessment, as well as training staff on induction and at suitable intervals thereafter will reduce the likelihood of infections being spread unnecessarily.

Appendix 1

List of Notifiable Diseases

Acute Encephalitis
Acute Poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
Food Poisoning (or suspected
food poisoning)
Leprosy
Leptospirosis
Malaria
Measles
Meningitis (viral, bacterial or fungal)
Meningococcal Septicaemia (without meningitis)Viral Hepatitis (A,B,C,D and E)
Mumps
Ophthalmia neonatoram
Parathyphoid Fever
Plague
Rabies
Relapsing Fever
Rubella
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus
Viral Haemorrhagic Fever
Whooping Cough
Yellow Fever

The patient's physician would report the above diseases to the Consultant in the UKHSA

The UKHSA will advise the school of any action necessary.

If you require advice on any communicable disease, please contact the Consultant in UKHSA

Appendix 2 - Exclusion table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

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, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	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.	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.
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic Diphtheria, only 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	
Hepititis 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 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 local HPT will advise on any action needed.
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 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 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.
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)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.

	Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers, and students.	Your local HPT will organise any contact tracing.
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 local HPT will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.
The school also follows local Gloucestershire County Council procedures and liaises with the local Public Health Team where required.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.