



## Infection Control Policy

This policy is available to parents and prospective parents on the school's website and by request from the School Office. If you require a copy of this document in large print or audio format, please contact the School Office.

## Policy Review Schedule

<b>Policy Name</b>	Infection Control Policy
<b>Review Frequency</b>	Every 3 years
<b>Statutory Policy</b>	No
<b>Policy Owner</b>	Principal
<b>Lead Reviewer</b>	Principal
<b>Approver and date of last approval</b>	Principal, November 2023
<b>Key review dates</b>	<b>Changes made</b>
11/10/2017	J.Smith – no changes
11/10/2019	J.Smith - Adding illness matrix appendix
10/10/2022	E.Moscardini Adding latest matrix appendix from HSE
09/11/2023	E.Moscardini – no changes

### Introduction

This policy has been written following guidance from Richmond Council  
[www.hrch.nhs.uk/patients/patient-safety/infection-prevention/](http://www.hrch.nhs.uk/patients/patient-safety/infection-prevention/)

### Aims and Objectives

This policy aims to provide the school community with guidance when preparing for, and in the event of an outbreak of an infection such as pandemic influenza. It contains a checklist of actions to aid planning and preparing for an outbreak of pandemic influenza and clarifies communication procedures.

### Principles

The school recognises that infections such as influenza pandemics are not new. No-one knows exactly when the school will be faced with having to deal with a potentially contagious illness amongst its community. We recognise the need to be prepared. Infections are likely to spread particularly rapidly in schools and as children may have no residual immunity, they could be amongst the groups worst affected. We recognise that closing the school may be necessary in exceptional circumstances in order to control an infection. However we will strive to remain open unless advised otherwise.

Good pastoral care includes promoting healthy living. School staff will give pupils positive messages about health and well being through lessons and through conversations with pupils.

### Planning and preparation

In the event of the school becoming aware that a pupil or member of staff has an infectious illness we would direct their parents to report to their GP and inform the infection and control team on infection prevention and control team, please call: **020 8714 4083**. Alternatively they may contact the school to advise us that a pupil or member of staff has sought medical attention and has been diagnosed as having an infectious illness.

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 absence.

The decision on whether school should remain open or close will be based on medical evidence. This will be discussed with the Government's Health Protection Agency. It is likely that school will remain open but we recognise the fact that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The school will close if lessons cannot be staffed or there is not adequate supervision for the children. Students will be asked to complete work at home or at a local library using the school website or work set via email.

### **Infection control**

Infections are usually spread from person to person by close contact, for example:

- Infected people can pass a virus to others through large droplets when coughing, sneezing or even talking within a close distance.
- Through direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands.
- By touching objects (e.g. door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands.
- Viruses can survive longer on hard surfaces than on soft or absorbent surfaces. 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.
  - If you feel ill during the day go to the medical room. Parents will be contacted if First Aiders feel you are not well enough to be in school.
  - Use the isolation room (Medical room) during outbreaks of illness

These messages are promoted through posters around the school, in assemblies and through Personal and Social Education lessons.

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

### **Minimise sources of contamination**

We will ensure relevant staff have Food Hygiene Certificate or other training in food handling.

We store food that requires refrigeration, covered and dated within a refrigerator, at a temperature of 5C or below.

We wash hands before and after handling food.

We clean and disinfect food storage and preparation areas.

Food is bought from reputable sources and used by recommended date.

### **To control the spread of infection**

We ensure good hand washing procedures (toilet, handling animals, soil, food)

Children are encouraged to blow and wipe their own noses when necessary and to dispose of the soiled tissues hygienically.

We keep a record of the washing of equipment.

Ensure different cloths and towels are kept for different areas.

We cover all cuts and open sores.

Aprons are worn when preparing food.

We wear protective clothing when dealing with accidents. (e.g. gloves and apron)

A protocol is in place that is followed regarding contact with blood and body fluids.

- Gloves and apron worn
- Soiled articles sealed in a plastic bag
- Staff aware of procedures for the prevention of HIV infection

### **To raise awareness of hygiene procedures**

Inform all attending adults of the existing policy and procedures.

Insure that student induction includes this information.

Provide visual instructions where possible for ease of understanding.

### **To prevent cross-contamination**

Ensure that adults and children have separate toilet facilities.

### **During outbreaks of diarrhoea and/or vomiting the following should be auctioned:**

The use of play dough should be suspended until 48 hours after the symptoms end and the play dough used prior to the outbreak is disposed of

The use of play sand should be suspended until 48 hours after the symptoms end and the sand used prior to the outbreak is disposed of

The use of water should be suspended until 48 hours after the symptoms end and the water and water toys should be thoroughly cleaned prior to use.

Children who have had diarrhoea and/or vomiting should not be included in cooking for 48 hours.

### **If a child is unwell in school**

They should wait in the medical room until they are collected by their parents or carers. They should be closely monitored and should not wait in communal areas.

### **To prevent the persistence and further spread of infection**

Ensure that dedicated sinks are clearly marked.

Be vigilant as to signs of infection persisting or recurring.

Ask parents to keep their child at home if they have an infection, and to inform the nursery as to the nature of the infection.

Remind parents not to bring a school who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack.

**Farm visits**

Hand washing is essential throughout the visit and particularly after coming into contact with live stock.

**Support**

The school has a number of Qualified First Aiders who assess pupils and staff before recommending further action. Individuals who are believed to have an infectious illness are sent home and are advised to contact their GP or local hospital.



Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis* / septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic



# Coughs and sneezes spread diseases



always carry  
tissues



cover your  
coughs and  
sneezes



throw used  
tissues in  
a bin

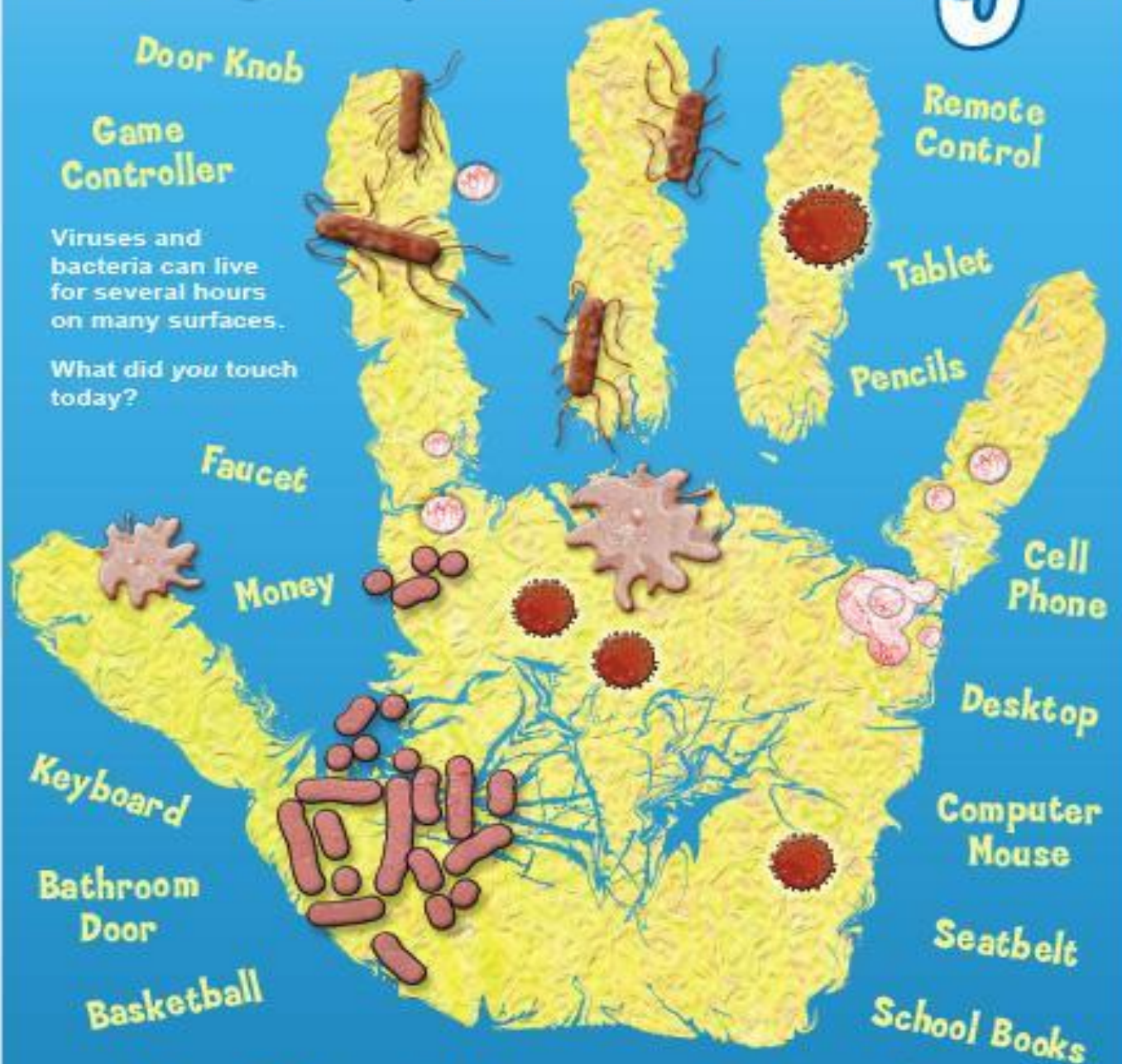


always clean  
your hands

## Stop germs spreading



# Wash Those Germs Away!



## Do You Know What's on Your Hands?