



*Doing our best to achieve our best*

## **Clarendon Primary School & Family Centre**

# **Infection Control Policy**

### **Introduction**

This policy is based on Surrey County Council's model policy and incorporates Public Health England guidance '[Health protection in schools and other childcare facilities](#)' .

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- They have immature immune systems
- Have close contact with other children
- Sometimes have no or incomplete vaccinations
- Have a poor understanding of hygiene practices

This policy provides information for staff managing a range of common and important childhood infections in settings including schools. It includes the principles of infection prevention and control to enable safe working during an 'outbreak'.

### **Infection in childcare settings**

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on.

Many diseases can spread before the individual shows any symptoms at all (during the infectious period).

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- Immunisation of pupils and staff
- Good hand washing
- Making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

### **How infection spreads**

Infections are spread in many different ways:

**Respiratory spread:** Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

**Direct contact spread:** By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

**Gastrointestinal spread:** Resulting from contact with contaminated food or water, (hepatitis A) contact with infected faeces or unwashed hands after using the toilet, (typhoid fever).

**Blood borne virus spread:** By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle, (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

### **Coronavirus – an example of transmission:**

*Transmission of the coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces, which are then touched and introduced into the mouth or eyes of an uninfected person. Another route of transmission is via aerosols, (extremely small droplets) but this is only relevant to medical procedures for a very small number of children in education and social care settings.*

*As with other virus', in all school settings, preventing the spread of coronavirus involves preventing:*

- *Direct transmission, for instance, when in close contact with those sneezing and coughing*
- *Indirect transmission, for instance, touching contaminated surfaces*

### **Prevention and control**

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended and available throughout the school.

- All staff and pupils are regularly advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
- All staff and pupils should cover all cuts and abrasions with a waterproof dressing.
- Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting is not allowed.
- Staff should wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

### **Bites**

- If a bite does not break the skin; clean with soap and water and no further action is needed.
- If a bite breaks the skin; clean immediately with soap and running water. Record incident in accident book. Seek medical advice as soon as possible, (on the same day) to treat potential infection, to protect against hepatitis B, and gain reassurance about HIV.

### **Managing needle stick injuries**

Occasionally children or staff may injure themselves with discarded used hypodermic needles which they have found. Dispose of the needle safely to avoid the same thing happening to someone else. This can be done by contacting your local authority or school nurse. If someone pricks or scratches themselves with a used hypodermic needle:

- Wash the wound thoroughly with soap and water
- Cover it with a waterproof dressing
- Record it in the accident book and complete the accident form
- Seek immediate medical attention from your local Accident and Emergency department

### **Cleaning blood and body fluid spills**

All spillages of blood, faeces, saliva, vomit, nasal & eye discharges should be cleaned up immediately, wearing PPE.

Clean spillages using a product which combines detergent and disinfectant, (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

### **Sanitary facilities**

- Good hygiene practices depend on adequate facilities. Hand washbasins, with warm running water and a mild liquid soap, are available in class and throughout the school. (Bar soaps are not used.)
- Where disposable paper towels are used, waste paper bins are located nearby.
- Toilet paper is available in each cubicle.
- Suitable sanitary disposal facilities are provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

### **Children with continence aids**

Pupils who use continence aids, (like continence pads, catheters) are encouraged to be as independent as possible. The principles of basic hygiene should be applied by both pupils and staff involved in the management of these aids.

Continence pads are changed in a designated area. Disposable powder-free non-sterile latex gloves and a disposable plastic apron are also be worn. Gloves and aprons should be changed after every pupil and hands should be washed. (Also see school's nappy changing policy for further details.)

### **Dealing with contaminated clothing**

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing. (I.e. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.)

### **What to do if you suspect an outbreak of infection**

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

### **When to report**

Headteachers and managers will contact the local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed.

It is useful to have the information listed below available before this discussion as it will help to inform the size and nature of the outbreak:

- Total numbers affected, (staff and children)
- Symptoms
- Date(s) when symptoms started
- Number of classes affected

If we suspect cases of infectious illness, but are unsure if it is an outbreak, staff should call our local HPT.

### **How to report**

The school is to telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli 0157) or E coli VTEC infection
- Food poisoning
- Hepatitis
- Measles, mumps, rubella (rubella is also called German measles)
- Meningitis
- Tuberculosis
- Typhoid
- Whooping cough, (also called pertussis)
- COVID-19

The [full list of notifiable diseases](#) was updated in 2010. (Also, please see appendix 2 for a full list.)

The local HPT will help the school draft letters for parents as well as provide factsheets for parents and carers to ensure the most up to date information is given.

### **Immunisation**

Immunisations are checked at school entry and at the time of any vaccination. Parents are encouraged to have their child immunised.

## **Cleaning the environment**

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. There are cleaning schedules in place, which identify the task, frequency and who will carry them out. Cleaning standards are monitored regularly by the school. Cleaning staff receive induction on joining the school, which includes access to personal protective equipment.

## **Cleaning**

Essential elements of a comprehensive cleaning routine include daily, weekly and periodic cleaning schedules, based on national guidance.

Colour-coded equipment is used in different areas with separate equipment for kitchen, toilet, classroom and office areas, (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens). Cloths should be disposable (or if reusable, disinfected after use).

Cleaning solutions are stored in accordance with Control of Substances Hazardous to Health, (COSHH) and cleaning equipment changed and decontaminated regularly. Consideration will be given, as required, to situations where additional cleaning will be required including during term time, (for example in the event of an outbreak) and how the school might carry this out.

A nominated member of staff should be chosen to monitor cleaning standards and discuss any issues with cleaning staff. (This is the caretaker in liaison with the school business manager.)

## **Cleaning blood and body fluid spills**

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. When cleaning up spillages, a product, which combines detergent and disinfectant, should be used and staff should ensure it is effective against both bacteria and viruses. (Always follow the manufacturer's instructions.) Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of them after use.

## **Toys and equipment**

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.

Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the cleaning schedule.

Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; 4 weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean.

The tank should be washed with detergent and water and dried before refilling with sand. Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

## **Enhanced cleaning during an outbreak of infection**

In the event of an outbreak of infection, the local health protection team recommend enhanced or more frequent cleaning, to help reduce transmission. Key areas that are always given particular attention include: door handles, toilet flushes, taps and communal areas where surfaces can easily become contaminated, e.g. handrails and banisters. This is undertaken by the caretaker and school cleaning team. (Sometimes following specific advice by the health protection team.)

## **Staff welfare**

### **Staff immunisation**

All staff undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR). Where they are not, they are encouraged to liaise with their own health professional.

### **Not attending school when unwell**

Staff employed in schools should follow the same rules regarding not attending school as those applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

### **Pregnant staff**

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.

If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease, (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

### **Food handling staff**

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system, (stomach and bowel) and usually cause diarrhoea or vomiting, or both. Food handling staff suffering from such diseases must not be involved in any food handling activity in the school until advised by the local Environmental Health Officer that they are clear to return to work. There are legal powers for the formal 'exclusion' of such cases but usually voluntary 'exclusion' will suffice with 'off work' certificates from the GP, as necessary.

Staff and attenders should not be present at the school if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastro-intestinal diseases should not return to work until 48 hours post recovery, (no further diarrhoea or vomiting).

Employers are to notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment. Food handlers are required by law to inform their employer immediately if they are suffering from:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis
- diarrhoea, (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

### **Managing specific diseases and infections**

Please refer to Public Health England advice on specific diseases and infections -

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

### **Pets and animal contact**

Please refer to Public Health England on pet and animal contact -

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-8-pets-and-animal-contact>

### **Monitoring arrangements**

This policy will be reviewed by the headteacher, in consultation with the welfare assistant and Health and Safety Working Group.

### **Policy Review:**

This policy will be reviewed and approved by the governing body.

Date reviewed: Summer term 2023

Review date: Summer term 2026



# Appendix 1

## Diarrhoea and vomiting outbreak – school action checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie non-powdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			

## **Appendix 2**

### **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
- Monkeypox
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever





## **Appendix 3**

### **Local health protection contact information**

Get support from your local health protection team, (HPT) to prevent and reduce the effect of diseases and chemical and radiation hazards.

HPTs provide support to health professionals, including:

- Local disease surveillance
- Alert systems
- Investigating and managing health protection incidents
- National and local action plans for infectious diseases

If you need to send information that might reveal someone's identity, put it in an encrypted email. Do not put personal information in the subject line.

PHE Surrey and Sussex Health Protection Team (South East),  
County Hall, Chart Way,  
Horsham,  
RH12 1XA

[PHE.sshpu@nhs.net](mailto:PHE.sshpu@nhs.net) Phone: [0344 225 3861](tel:03442253861) (option 1 to 4 depending on area)

Out of hours for health professionals only: please phone 0844 967 0069

### **Useful links**

- Public Health England pet and animal contact:  
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-8-pets-and-animal-contact>
- Public Health England advice on specific diseases and infections:  
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>
- NHS Immunisation information:  
<https://www.nhs.uk/conditions/vaccinations/>
- Health protection in schools and other childcare facilities information:  
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- Children and Family Health Surrey school nursing  
<https://childrenshealthsurrey.nhs.uk/services/school-nursing-general>
- Public Health England School Zone- e-Bug stop germs spreading with fun e-Bug resources  
<https://campaignresources.phe.gov.uk/schools>