

# The Bourne Partnership



## Hadlow Primary and Shipbourne Primary Infection Control Policy

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## **Introduction**

This policy provides information for staff and carers 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.

## **Infection in childcare settings**

Schools and nurseries are common sites for transmission of infections. Infections in children are common because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play; lack good hygiene habits, making it easier for infections to be passed on; and sometimes have no or incomplete vaccinations. 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
- ensuring safe working practices are known and adhered to by all staff
- adhering to exclusion periods for infectious diseases

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:

1. Respiratory spread: contact with coughs, sneezes or saliva from an infected person. This can happen by being near the infected person when they cough or sneeze and then breathing 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 (eg. influenza or Covid-19).
2. Direct contact spread: direct contact with the infecting organism, for example, contact with the skin during play, contact sports and in gyms (eg impetigo or staphylococcal infections).
3. Gastrointestinal spread: contact with contaminated food or water (eg. hepatitis A), contact with infected faeces or unwashed hands after using the toilet (eg. norovirus).
4. Blood borne virus spread: contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (eg. hepatitis B or HIV). 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.

## **Hierarchy of prevention and controls**

In all education, childcare and children's social care settings, preventing the spread of infections involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing, or if contact is made with other bodily fluids
- indirect transmission, for instance, touching contaminated surfaces

A range of approaches and actions will be employed. These can be seen as a hierarchy of controls that, when implemented, create an inherently safer system where the risk of transmission of infection is substantially reduced.

These include:

- Minimising contact with individuals who are unwell
- Cleaning your hands often - 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. All staff and pupils are advised to wash their hands for at least 20 seconds after using the toilet, before eating or handling food and after touching animals. Sanitiser will also always be available in classrooms and shared areas.
- Respiratory hygiene (catch it, bin it, kill it). Children and adults are encouraged to cover their mouth and nose with a disposable tissue, or elbow, washing hands after using or disposing of tissues. Spitting is discouraged and managed under our Positive Behaviour Policy.
- Cleaning surfaces that are touched frequently
- Using personal protective equipment (PPE) - wearing 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 non-powdered vinyl or latex-free and CE marked. Goggles will be worn if there is a risk of splashing to the face.
- Covering all cuts and abrasions with a waterproof dressing.

During an outbreak or increased risk of infection:

- Minimising contact and mixing – social distancing and reduced whole school and community contact
- Increasing air flow and ventilation by opening doors and windows and planning for children to spend more time outdoors
- Considering the removal of soft furnishings and shared resources
- Introducing mask wearing and assigning capacity limits to rooms

### **Sanitary facilities**

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, will be available. Bar soap will not be used unless due to specific allergies. Disposable paper towels will be placed next to basins in wall mounted dispensers, together with a nearby waste-paper bin (ideally covered or foot-operated). Toilet paper will be available in each cubicle. Suitable sanitary disposal facilities will be provided where there are female staff and pupils aged 9 or over.

### **Children with continence aids**

Pupils who use continence aids (like continence pads, catheters), those who need support with toileting and those who need changing after soiling or wetting will be encouraged to be as

independent as possible. The principles of basic hygiene will be applied by both pupils and staff involved. An intimate care plan will be drawn up in collaboration with parents for each pupil to ensure that specific needs are met and to ensure both good hygiene and child protection. Continence pads, nappies and underwear will be changed in the staff toilet and disposed of appropriately in the sanitary bin. Gloves (disposable, non-powdered vinyl or latex-free and CE marked) and a disposable plastic apron will also be worn. Gloves and aprons will be changed after every pupil. Hand washing facilities will be readily available. The school health team will be contacted for further advice where required.

### **Immunisation**

Immunisations are checked at school entry and at the time of any vaccination. Parents are encouraged to have their child immunised and school-based immunisation programmes will be facilitated, and information shared when requested by the NHS.

### **Cleaning contract**

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. Cleaning solutions will be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration will be given to situations where additional cleaning will be required and how the school might carry this out - for example in the event of an outbreak or deep cleaning and maintenance during school holidays on a rolling programme to ensure the school remains a safe place to work. A nominated member of staff will be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

### **Cleaning the environment**

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards are monitored regularly by the school. Cleaning staff will be appropriately trained and have access to personal protective equipment.

### **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 will be part of the classroom monitoring process and any damaged item that cannot be cleaned or repaired will be discarded. Soft modelling and play dough will be replaced regularly or whenever they look dirty and will be included in the cleaning schedule. Sandpits will be securely covered when not in use to protect from animals contaminating the sand. Sand will be changed regularly: weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand will be sieved (indoor) or raked (outdoor) regularly to keep it clean. The tank will be washed with detergent and water, and dried before refilling with sand. Water play troughs or receptacles will be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water will be replenished either daily or twice daily when in use and it will always be covered when not in use.

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

All first aid will be completed by a qualified first aider in the designated area. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges will be cleaned up immediately, wearing PPE. Spillages should be cleaned using a product which combines detergent and disinfectant (effective against both bacteria and viruses). Manufacturer's instructions must be adhered to. Paper towels or disposable cloths should be used to clean up blood and body fluid spills and disposed of safely after use. A spillage kit will be available for bodily fluids like blood, vomit and urine.

**Bites:** If a bite does not break the skin, clean with soap and water - 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.

**Managing needle stick injuries:** On rare occasions, hypodermic needles may be in school to support staff or pupils with specific medical needs. Needles will always be stored in a locked cabinet and disposed of appropriately in the sharps bin in the staff room. Trips off-site may also rarely expose pupils to used needles.

If a needle stick injury occurs:

- Dispose of the needle safely, in the sharps bin, to avoid the same thing happening to someone else
- 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 on Kelsi
- Seek immediate medical attention from your local Accident and Emergency department

## **Dealing with contaminated clothing and objects**

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing will 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. Clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

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

In the event of an outbreak of infection, the local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure regular cleaning of areas with particular attention to door handles, toilet flushes and taps and communal areas where surfaces can easily become contaminated such as handrails. Plans have been developed for such an event directing how the school might carry this out.

Areas where a symptomatic individual has passed through and spent minimal time, such as corridors which are not visibly contaminated with body fluids, will be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

All objects which are visibly contaminated with body fluids must be cleaned using disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

- Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.).
- Avoid creating splashes and spray when cleaning.
- Any cloths and mop heads used must be disposed of and put into waste bags as outlined below.
- When items cannot be cleaned using detergents or laundered, for example upholstered furniture and mattresses, steam cleaning will be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing will be disposed of.

### **Disposal of waste**

Waste from suspected infectious diseases and from cleaning of areas where possible cases have been (including disposable cloths and tissues) will be put in a plastic rubbish bag and tied when full. The plastic bag will then be placed in a second bin bag and tied, stored safely, kept away from children for at least 72 hours, and then put in with the normal waste. If storage for at least 72 hours is not appropriate, collection as Category B infectious waste should be arranged.

### **What to do if an outbreak of infection is suspected**

An outbreak or incident may be defined as:

- an incident in which two 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

### **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

Headteachers and managers will contact the local health protection team as soon as they suspect an outbreak, or if a notifiable disease arises, 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

### **Pregnant staff**

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she will consult her doctor or midwife. Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife will 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. 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. 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**

All staff handling food must complete appropriate food safety training. 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 be excluded from all food handling activity in the school setting until advised 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. 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 who has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning. This policy will 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

### **Exclusion from School**

Prompt exclusion (staying at home) of children, young people and staff (including visitors) who are unwell with an infectious disease is essential to preventing the spread of infection in education and childhood settings.

### **General Guidance for Pupils with Infectious Diseases:**

Children who are unwell and showing [the symptoms of an infectious disease](#) , or who have received a diagnostic result, will be requested to stay away from their education or childcare setting for the minimum period recommended. The following link provides further details on the symptoms of different infections and the required action (NB. Absence will not be authorised if the illness is not included in the exclusion list and the child is well enough to attend school eg. headlice, conjunctivitis):

[Chapter 3: public health management of specific infectious diseases - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table)  
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>  
[childcare-facilities/exclusion-table](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table)

### **Gastrointestinal Infections:**

Staff, pupils and visitors must not attend school if they are currently suffering from diarrhoea and/or vomiting. At the very least, persons suffering from gastro-intestinal diseases must not return to school until 48 hours post recovery (no further diarrhoea or vomiting).

### **Respiratory infections – including Covid-19:**

[People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](#)

Symptoms can include:

- a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- a loss or change to your sense of smell or taste
- shortness of breath

- feeling tired or exhausted
- an aching body
- a headache
- a sore throat
- a blocked or runny nose
- loss of appetite
- diarrhoea
- feeling sick or being sick

### **What to do if your child has symptoms**

Young children regularly catch regularly catch respiratory infections and this will include Covid-19. However, illness will usually be mild, and most children will get better in a few days with rest and plenty of fluids.

Your child should stay at home and avoid contact with other people if they have symptoms of a respiratory infections and they either:

- have a high temperature
- do not feel well enough to go to school or do their normal activities

They can go back to school or childcare when they feel better and if they do not have a high temperature.

If your child has mild symptoms such as a runny nose, sore throat or mild cough, and they feel well enough, they can go to school or childcare.

Encourage your child to cover their mouth and nose with a tissue when they cough or sneeze, and to wash their hands after using or throwing away tissues.

### **Positive test**

If a child or young person has a positive COVID-19 test result, they must aim to stay at home and where possible avoid contact with other people for 3 days after the day they took the test. Adults with a positive test result should aim to stay at home and avoid contact with others for 5 days after the day they took the test. The school has the right to insist on this exclusion period for the safety of others. The risk of passing the infection on to others is much lower after this period if they feel well and do not have a high temperature.

Staff or students who are close contacts of people who are unwell with an infectious disease or an infection do not usually need to be excluded from the setting. However, your [health protection team](#) (HPT) will advise you if there are specific precautions to be taken in response to managing a case or outbreak. They will contact you if this is required.

In most cases, parents and carers will agree that a child who is unwell and has symptoms of an infectious illness, such as a fever will not attend school, given the potential risk to others.

If a parent or carer insists on a child with symptoms attending school, where they have a confirmed or suspected case of an infectious illness, the senior leadership team will consider whether, in their reasonable judgement, it is necessary to exclude the child to protect other children and staff from possible infection.

### **Monitoring and review**

This policy was written by the headteachers in consultation with the governing board and will be reviewed annually or more frequently should an outbreak occur.

### **Useful links**

[Chapter 3: public health management of specific infectious diseases - GOV.UK \(www.gov.uk\)](#)

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>[childcare-facilities/exclusion-table](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table)

[People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](#)

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf>

[http://www.warlinghamvillage.org/uploads/asset\\_file/3\\_1907\\_3-958-guidance-on-infection-control-in-schools-poster.pdf](http://www.warlinghamvillage.org/uploads/asset_file/3_1907_3-958-guidance-on-infection-control-in-schools-poster.pdf)[infection-control-in-schools-poster.pdf](http://www.warlinghamvillage.org/uploads/asset_file/3_1907_3-958-guidance-on-infection-control-in-schools-poster.pdf)