

'...those who hope in the LORD will renew their strength.

They will soar on wings like eagles; they will run and not grow weary,

they will walk and not be faint.' Isaiah 40:31



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Reculver Church of England Primary School



Infection Control Policy

Date adopted by Local Governing Body: 23.02.18

Date of next Review: 22.03.20

AIM 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 or any contagious illness.

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 and good hand hygiene. School staff will give pupils positive messages about health and well-being through lessons and through conversations with pupils.

PLANNING AND PREPARING

In the event of the school becoming aware that a pupil or member of staff has a significant infectious illness we would direct their parents to report to their GP and inform 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 absence. The decision on whether school should remain open or close will be based on medical evidence. This will be discussed with the 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 we cannot provide adequate supervision for the children.

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.

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

Minimise sources of contamination

- We will ensure relevant catering 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 5 C 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 wear protective clothing when dealing with accidents. (e.g. gloves)

In order to prevent the spread of infections in school we follow the guidelines set by the Health Protection Agency, regarding the recommended period of time that pupils should be absent from school.

Detailed information about many conditions is available at:-

<https://www.gov.uk/government/organisations/public-health-england>

A summary of the most common conditions and recommended periods of absence are shown below taken from Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

It is important to note that the school **are unable to authorise** absence on medical grounds or illness for conditions where the guidelines state that no period of absence is recommended; e.g. head lice

Health Protection for schools, nurseries and other childcare facilities

Exclusion table Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Hepatitis A*	Exclude until seven 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 local HPT for more advice
Meningococcal meningitis*/ Septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule@ www.nhs.uk). Your local HPT will advise on any action needed

Meningitis* due to other bacteria	Until recovered	<p>Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed</p> <p>Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.</p> <p>Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information</p> <p>Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.</p> <p>Treatment is needed.</p> <p>Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife</p> <p>A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection Household and close contacts require treatment at the same time.</p> <p>Pregnant contacts of case should consult with their GP or midwife.</p> <p>Treatment recommended for child & household</p> <p>There are many causes, but most cases are due to viruses and do not need an antibiotic treatment</p> <p>Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread</p> <p>Verrucae should be covered in swimming pools, gyms and changing rooms</p> <p>Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing</p>
Meningitis viral*	None	
MRSA	None	
Mumps*	Five days after onset of swelling	
Ringworm	Not usually required.	
Rubella (German measles)	Four days from onset of rash	
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	
Scabies	Can return after first treatment	
Slapped cheek /Fifth disease/ Parvo virus B19	None (once rash has developed)	
Threadworms	None	
Tonsillitis	None	
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	
Warts and verrucae	None	
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	

During outbreaks of diarrhoea and/or vomiting the following should be actioned:

- 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.
- The use of soft toys should be suspended whilst they are adequately washed.
- Shared equipment such as building bricks etc. should be steam cleaned in affected classrooms.
- Table tops and door handles should be steam cleaned in affected classrooms.
- Children who have had diarrhoea and/or vomiting should not be included in cooking for 48 hours.

If a child is unwell, the teacher will contact the office to contact their parent/carer to come and collect their child from school.

To prevent the persistence and further spread of infection:

- Parents/carers are asked to keep their child at home if they have an infection, and to inform the school as to the nature of the infection.
- Remind parents not to bring a child to school who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack.
- Staff are expected to follow the same guidance.
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FARM VISITS

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

SUPPORT FOR STAFF, STUDENTS, PARENTS AND CARERS

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.