

Howes Primary School Infection Control Policy





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1 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. It contains a checklist of actions to aid planning and preparing for an outbreak of pandemic influenza and clarifies communication procedures.

2 PRINCIPLES

The school recognises that infections such as influenza pandemics are not new especially after living through and now with Covid-19. We recognise the need to be prepared and by being so, we are already reducing risks. 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.

3 PLANNING AND PREPARING

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 UKHSA on 03442253560. 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 and government guidance. 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. We will revert to working remotely with children accessing online learning with as little disruption to learning as possible. See Remote Learning Policy.



4 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.

These messages are promoted in assemblies and through PSHE lessons.

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

4.1 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 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.



4.2 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.
- 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

4.3 To raise awareness of hygiene procedures

- Inform all attending adults of the existing policy and procedures.
- Ensure 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.

4.4 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 school as to the nature of the infection.

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

5 Farm visits

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

6 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.

7 MONITORING AND EVALUATING

Senior staff and Governors will evaluate the effectiveness of the policy and agree adjustments that may be necessary to address any current concerns. These will be shared with staff, parents/carers and pupils.

Policy dated: March 2023

Review date: March 2025



Appendix 1

Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	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	Some children can be vulnerable and female staff.
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 x2 doses).	Some children can be vulnerable and female staff.
Hand, foot and mouth	None	Contact your local HPT 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 starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	Four days from onset of rash Preventable by vaccination (MMR x2).	Some children can be vulnerable and female staff.



Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
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 starting appropriate antibiotic treatment.	Antibiotic treatment is recommended for the affected child.
6 Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	Some children can be vulnerable and female staff.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. Some children can be vulnerable and female staff.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.



Diarrhoea and vomiting illness

Infection or complaint	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	
<p>E. coli O157 VTEC</p> <p>Typhoid [and paratyphoid] (enteric fever)</p> <p>Shigella (dysentery)</p>	Should be excluded for 48 hours from the last episode of diarrhoea.	<p>Further exclusion may be required for some children until they are no longer excreting</p> <p>Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice.</p>
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

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered.	Some children can be vulnerable.
Tuberculosis	Always consult your local PHE centre.	Requires prolonged close contact for spread.
Whooping cough (pertussis)	Five days from starting 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. Your local PHE centre will organise any contact tracing necessary.



Other Infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None.	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria	Exclusion is essential.	Always consult with your local HPT Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre 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).	In an outbreak of hepatitis A, your local PHE centre will advise on control measures Guidance on infection control in schools and other childcare settings.
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude



Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
		<p>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 school contacts. Your local PHE centre will advise on any action is needed.</p>
<p>Meningitis due to other bacteria</p>	<p>Until recovered.</p>	<p>Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.</p>
<p>Meningitis viral</p>	<p>None.</p>	<p>Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.</p>
<p>MRSA</p>	<p>None.</p>	<p>Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.</p>



Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 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.