

Maidensbridge Primary School



Infection Control Policy

Version 1 Date: October 2018

Review: October 2020

Updated for Covid June 2020 for re-opening of schools

Version 3: June 2022

To be reviewed: June 2024

Version 4: May 2024

To be reviewed: May 2026

Version 5: April 2026

To be reviewed April 2028

Introduction

This policy has been written in line with the current guidance from the Health Protection Agency and the Public Health Agency.

Policy Aims

This policy aims to provide the school community with guidance when preparing for, and where possible preventing, the spread of infection within the school.

Principles

The school recognises that infections such as influenza 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. Especially since the worldwide pandemic of Covid-19.

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 by Public Health.

Good pastoral care includes promoting healthy living and good hand hygiene. Staff at Maidensbridge Primary School staff will work alongside School Health Advisors to ensure that pupils receive positive messages about health and well-being through lessons and conversations.

Planning and Preparation

In the event of the school becoming aware that a pupil or member of staff has an infectious illness we would immediately consult with the Local Authority and the Public Health Agency then inform parents of their advice.

During an outbreak of an infectious illness such as pandemic influenza or Covid-19, 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 Public Health 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 pupils.

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 pupils 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 and use hand sanitiser provided in school.
- 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.

These messages are promoted in assemblies and through Personal, Social and Health Education (PSHE) lessons.

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

Minimise sources of contamination

- We will encourage relevant staff to complete their 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

- Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and Covid-19.

We promote good hand washing procedures using liquid soap and water and the use of a hand dryer or paper towels to dry hands after using the toilet, before eating or handling food, after undertaking intimate care and handling animals.

- Lunchtime staff should use the sanitising gel situated in the hall before assisting pupils with lunchtime routines.

- Children are encouraged to blow and wipe their own noses when necessary and to dispose of the soiled tissues hygienically.
- Wearing Personal Protective Clothing when cleaning up blood and body fluid spillages (e.g. disposable gloves and disposable apron).

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

A summary of the most common conditions and recommended periods of absence are shown below.

Diarrhoea and Vomiting Illnesses

Illness/Condition	Recommended Period of Absence
Diarrhoea and/or Vomiting	48 hours from the last episode
E Coli 0157	48 hours from the last episode
Typhoid	48 hours from the last episode
Shigella (dysentery)	48 hours from the last episode
Cryptosporidiosis	48 hours from the last episode

Respiratory Infections

Illness/Condition	Recommended Period of Absence
Influenza	Until Recovered
Tuberculosis	Exclusion until permitted by GP
Whooping Cough	5 days from commencing antibiotics or 21 days from onset of illness if no antibiotic treatment.
Covid-19/Coronavirus	For a child under 18 they should stay in isolation for 3 days following a positive lateral flow test. For staff members this would be 5 days.

Rashes and Skin Infections

Illness/Condition	Recommended Period of Absence
Athlete's Foot	None
Chicken Pox	5 days from onset of rash
Cold Sores	None
German Measles (Rubella)	6 days from onset of rash
Hand, Foot & Mouth	None

Impetigo	Until lesions are crusted or healed
Measles	4 days from onset of rash
Ringworm	None
Roseola	None
Scabies	Pupils can return after the first treatment
Scarlet Fever	24 hours after commencing antibiotics
Slapped Cheek	None
Warts & Verruca	None
Shingles	Exclude only if rash is weeping and cannot be covered

Other Infections

Illness/Condition	Recommended Period of Absence
Conjunctivitis	None
Diphtheria	Exclusion until permitted by GP
Glandular Fever	None
Headlice	None
Hepatitis A	Exclusion until permitted by GP
Hepatitis B or C	None
Meningococcal Meningitis/Septicaemia	Until Recovered
Bacterial Meningitis	Until Recovered
Viral Meningitis	None
Mumps	5 days from onset of swollen glands
Threadworms	None
Tonsillitis	None

Infection Control Policy Written by: Mrs Katie Thomas

Policy Review: April 2028

Signature Headteacher: _____ **Date:** _____

Signature Chair of Governors: _____ **Date:** _____