



# Claremont Fan Court School

## Policy and Procedure: Infection Control

The school governors and senior leadership team (SLT) are committed to promoting the health and welfare of all members of the school community. Our priority is to ensure that all operations within the school environment, both educational and support, are delivered in a safe manner that complies fully, not just with government guidance but with best practice.

To reduce the risk of infection and its subsequent spread the school encourages all students and staff to:

- Increase ventilation in enclosed areas
- be up to date with all the immunisations recommended
- keep the environment clean
- to have good hand washing practices (thorough and regular) for a minimum of 20 seconds
- avoid prolonged face to face contact

Pupils and staff have been requested to stay at home if they have any symptoms of COVID-19, however mild, and get a PCR test as soon as possible.

<https://www.gov.uk/get-coronavirus-test>

### Aims

The guidance and procedures contained in this policy are designed to ensure that:

- everyone is kept as safe and healthy as possible, and while we accept that there will be infectious illnesses that affect some students, staff or visitors, the effects of any outbreak of illness are minimised to reduce the spread
- no student suffers an illness as a result of the care given, or staff working practices
- appropriate risk assessments, systems, checks and work practice in line with legal guidance and best practice are in place to prevent the spread of infection to students, staff, visitors, contractors or volunteers
- any individuals suffering from an illness are treated appropriately and sympathetically to aid their recovery and to minimise the spread of infection to others.

## Methods and key principles

Most methods and practices reflect the guidance given in the school's health and safety policy, [Health Protection Policy in Schools and Other Childcare Facilities](#), and [Guidance to Educational Settings about COVID19](#).

These guidance documents provide information for staff managing a range of common and important childhood infections in settings including schools. They include the principles of infection prevention and control to enable safe working during the coronavirus (COVID-19) 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 is spread

Infections are spread in many different ways:

### Respiratory spread

By contact with cough or other secretions from an infected person (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.

Transmission of viruses 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.

In all education, childcare and children's social care 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**

Hand washing is one of the most important and effective ways of controlling the spread of any infection, especially COVID-19, diarrhoea and vomiting and other respiratory or childhood diseases.

Hand washing advice is displayed in all staff and student toilet areas and taught in assembly meetings and PSHEE. Liquid soap and warm water with paper towels for drying are provided. Staff and students are advised that they should wash their hands when entering the site, after using the toilet, before and after eating or handling food, after touching animals, when they leave work and regularly or as necessary during the day. Hand sanitiser stations are also available across the school site as an alternative to washing hands with soap and water. Any cuts and abrasions should be covered with a waterproof dressing.

### **Personal protective equipment (PPE)**

PPE should not be required for general teaching and working practices. Disposable gloves and plastic aprons should be worn if there is a risk of splashing or contamination with blood or body fluids during an activity or if an individual has symptoms of Covid 19. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Goggles or face shield may be required if there is a risk of splashing to the face or eyes.

PPE is only needed in a very small number of cases, where an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a safe distance cannot be maintained, or where a child, or young person already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used.

Emergency PPE is available from:

- pre-prep office
- prep office
- senior school office
- senior school reception
- SSC prep room
- care centre
- facilities office
- Sixth form office
- Attached to the defibrillator

**If any PPE is used, the facilities office must be informed immediately.**

## **COVID-19 pandemic**

During the COVID-19 pandemic period, the whole school will operate in accordance with [government guidance](#) to minimise the risk of infection.

**Staff and pupils must not come into school if they have any of the following symptoms:**

- New, continuous cough
- A high temperature
- Anosmia, a loss or change to your sense of smell or taste

If anyone becomes unwell with any of the above symptoms whilst at school, they must be sent home as soon as possible and instructed to access COVID-19 testing immediately as per PHE advice and self-isolate until the test results are confirmed or for a minimum period of 10 days.

If someone you live with has symptoms of Covid-19, or has tested positive for covid-19, you will need to self-isolate for 10 days **except in the following circumstances:**

- You are fully vaccinated and 14 days have passed since your final dose of a covid-19 vaccine given by the NHS.
- You are under 18 years and 6 months old.
- You are not able to be vaccinated for medical reasons.
- You are taking part in a COVID-19 vaccine trial.

If a pupil is unwell and awaiting collection, they will be moved to the designated isolation room in the care centre or Pre-Prep School. The pupil should have minimum contact with others. The pupil will be isolated behind a closed door, with appropriate supervision by the school nurse or staff member. Windows should be opened for maximum ventilation. If it is not possible to isolate the pupil, they will be moved to an area which is at least 2 metres away from any other person or, if appropriate, outside.

If the pupil needs to go to the bathroom while waiting to be collected, they should use the care centre toilet or a designated toilet in Pre-Prep. The toilet should be cleaned and disinfected using standard cleaning products before being used by anyone else.

PPE should be worn (face mask, a plastic apron and gloves) by the school nurse/staff caring for the pupil whilst they await collection, if a distance of 2 metres cannot be maintained. If contact with the pupil is necessary, then gloves, an apron and a face mask should be worn by the school nurse/staff member. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection or face shield should also be worn.

If the pupil is coughing then it may be necessary for the pupil to wear a face mask if they are old enough to do so.

The staff member should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. The school will follow the advice provided within the guidance [COVID-19: cleaning of non-healthcare settings guidance](#).

The school nurse or staff member assisting the pupil does not need to self-isolate unless they develop symptoms themselves or the pupil subsequently tests positive for COVID-19.

The pupil will be advised not to visit the GP, pharmacy, urgent care centre or a hospital. In an emergency or if their condition deteriorates, 999 will be called. If the pupil is seriously ill or injured or their life is at risk, paramedic staff must be informed that COVID-19 is suspected. In the event that CPR is needed, Full PPE must be worn. Emergency PPE is attached to the AED.

## **After PCR testing for COVID-19**

### **Negative result**

Where the pupil or staff member tests negative, they can return to work or school.

### **Positive result**

The school will monitor all positive results and a member of the senior leadership team, the head of year or school nurse will communicate with parents and staff concerning any course of action that needs to be taken. The school's

## **Cleaning and school hygiene**

The school will follow the advice provided within the guidance [COVID-19: cleaning of non-healthcare settings guidance](#).

All objects which are visibly contaminated with body fluids must be cleaned using an approved disinfectant effective against enveloped viruses. Disposable cloths or paper roll and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings using the latest guidance in the [COVID-19: cleaning of non-healthcare settings guidance](#).

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

### **Disposal of waste –**

All Waste from possible cases and cleaning of areas where potentially infected individuals have been (including disposable cloths and tissues) should be disposed of as municipal waste.

- put in a plastic rubbish bag and tied when full
- Category B infectious waste (clinical waste including soiled dressings, specimens or syringes) must be taken to the care centre for disposal either by the local waste collection authority or otherwise by a specialist clinical waste contractor. An orange clinical waste bag will be used to send the waste for appropriate treatment.

### **Face Coverings –**

The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where pupils and staff may come into contact with people they don't normally meet. This includes public transport. Optional face shields may also be worn by teaching staff when teaching in a classroom.

The school will follow all future government guidance and will reinstate the use of face coverings in public areas and/or classrooms if instructed to do so.

### **Toys and equipment**

If toys are shared, it is strongly advised that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be regularly monitored 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 are checked regularly and sand is replaced when necessary. The tank is 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 at 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.

### COVID-19 specific advice

Areas where a symptomatic individual have 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

Disposable cloths or paper roll and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings as follows:

- using a disinfectant that is effective against enveloped viruses (Ultra Ax disinfectant)
- When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

## **Staff Testing**

### **Lateral flow rapid testing**

For those without symptoms of COVID-19, twice weekly rapid self-testing is available on a voluntary basis, staff are provided with a schedule to follow with tests 3-4 days apart. Those who are eligible are strongly encouraged to participate to reduce the risk of transmission in school.

### **PCR Testing for staff and pupils with symptoms**

Any staff or pupil who develops COVID-19 symptoms, even if they are mild, should not attend school, and should make arrangements to have a PCR test at one of their local testing centres as soon as possible. Postal PCR tests are available from the care centre for those that have difficulty accessing a test site.

To book a test, visit the website:

<https://www.gov.uk/get-coronavirus-test>

### **Shielded and clinically vulnerable**

Staff or pupils who are clinically extremely vulnerable, those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus are advised, as a minimum to follow the same guidance although they may wish to take additional precautions, such as, wearing a face covering and keeping away from others as much as possible. All pupils should attend school unless they have been advised by their clinician by letter.

### **Exclusion**

The school will follow the guidance of Public Health England and Department of Education.:

[stay at home: guidance for households with possible coronavirus infections.](#)

<https://www.gov.uk/coronavirus/education-and-childcare>

A risk assessment is in place to assess the risk of COVID-19 and the control measures. This risk assessment will be reviewed on a regular basis and in light with any change in guidance.

The school's contingency management plan was established in September 2021. The plan details the principles of managing a local outbreak of COVID-19 (including variants) and:

- a. the types of measures that the school should be prepared to implement
- b. who and how decisions should be decided
- c. when recommend measures are imposed and lifted

In the event that the school has an outbreak, the contingency management plan will be implemented. The school will maintain regular communications with:

- (1) All members of the school community including governors, staff, pupils, parents and visitors
- (2) Outside agencies who are responsible for managing outbreaks:
  - (a) Local authorities
  - (b) Directors of Public Health (DsPH)
  - (c) PHE Health Protection Teams (HPTs)
  - (d) Department of Education Schools helpline.

### **Food handling**

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 or nursery setting 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).

SLT will notify the 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

The manager of the food handling staff should report any of these illnesses amongst staff who handle food to the bursar. The bursar will report any instance of a member of staff suffering from an illness likely to cause food poisoning to the environmental health department. The member of staff would only be allowed back to their normal duties when cleared by the environmental health officer.

## **Suspected 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**

SLT 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.

The following information will be provided to the team:

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started
- number of classes affected

If a staff member or parent suspects cases of infectious illness including coronavirus at school but are unsure if it is an outbreak, please contact SLT, the school nurse or [call the local HPT](#).

## **How the school will report**

The school will telephone the 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

Appendix B provides a more comprehensive list of notifiable diseases, the [full list of notifiable diseases](#) is updated from time to time..

Should it be necessary to contact parents and carers, the local HPT can also draft letters and provide factsheets to ensure the most up to date information is given.

## **Immunisation**

Immunisation is 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 school. 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 should be appropriately trained and have access to personal protective equipment.

## **Ventilation**

There should be an adequate supply of fresh air in enclosed spaces. Windows and doors should be opened frequently to increase passive airflow. Where mechanical ventilation is present, recirculatory systems should be set at full fresh air. Where possible, occupied room windows should be open, especially between lessons or meetings.

## **Cleaning contract**

The school operates a comprehensive cleaning regime, including daily, weekly and periodic cleaning schedules, based on national guidance.

Colour-coded equipment should be 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 of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration is given 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.

Please contact facilities staff if specific cleaning is required.

## **Laundry**

Laundry is washed in a designated laundry area in facilities away from kitchens and food preparation areas. The laundry area has appropriate hand washing facilities.

Staff involved with laundry services should ensure that:

- manual sluicing of clothing is not carried out as this can subject the operator to inhale fine contaminated aerosol droplets; soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing
- gloves and aprons are worn when handling soiled linen or clothing
- hands are thoroughly washed after removing gloves

## **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. The clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

## **Sanitary facilities**

Wall mounted liquid soap dispensers, toilet paper and paper towels are available in all staff and student toilets areas. Foot operated waste bins are emptied daily by cleaning staff. All toilet areas are restocked at frequent intervals. Sanitary disposal bins are provided in each female toilet area where students are over 9 years.

## **Pupils with continence aids**

Pupils who use continence aids (like continence pads, catheters) should be 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 aids can be changed in a designated area of the care centre with prior arrangement with the school nurse. Disposable powder-free non-sterile latex gloves and a disposable plastic apron should also be worn. Gloves and aprons should be changed after every pupil. Hand washing facilities are readily available. Any waste should be disposed of in a clinical waste bin.

## **Managing nappies**

Children in nappies have a designated changing area in pre-prep, away from play facilities and from any area where food or drink is prepared or consumed. Hand washing facilities are available in the room so that staff can wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room. Where staff assist pupils with toileting or nappy changing, staff should always wear PPE, (gloves and apron) and dispose of this correctly. Children's skin should be cleaned with a disposable wipe. Flannels or non-disposable cloths must not be used. Nappy creams and lotions must be labelled with the child's name and not shared with others.

Soiled nappies will be wrapped and placed in the dedicated nappy bin which is emptied by a specialist company weekly. Any used PPE will be wrapped in a plastic bag before disposal in the general waste.

Changing mats should be cleaned with soapy water or a baby wipe after each use. Mats should be cleaned thoroughly with hot soapy water if visibly soiled and at the end of each day. All mats are checked weekly for tears and discarded if the cover is damaged.

## **Coughs, sneezing and spitting**

Coughs and sneezes spread diseases through droplet infection. Staff and students should be encouraged to cover both nose and mouth with a disposable tissue and wash their hands when they have disposed of the tissue. Spitting is discouraged, but where this does occur staff will:

- Wash thoroughly with soap and warm water where it makes contact with their skin
- Support other students to wash thoroughly with soap and warm water where it makes contact with their skin
- Wipe off clothing with anti-bacterial wipe and wash clothing as soon as possible
- Hard surfaces will be wiped with anti-bacterial wipes in the first instance. Cleaners will clean when students are out of the area using anti-bacterial cleaners and disinfectants as appropriate.

## **First Aid**

Pupils or staff who require first aid should continue to receive care in the same way. Where possible, maintain a safe distance and avoid face to face contact. Gloves should be worn if body fluids are visible and careful handwashing or hand sanitizer used. No additional PPE is needed because of coronavirus (COVID19) for anyone who does not have coronavirus (COVID-19) symptoms. If CPR is required, compression only CPR should be performed in line with the recommendation by the UK Resuscitation Council.

<https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>

## **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 the school nurse. A sharps disposal bin is located in the care centre. 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
- 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 and eye discharges should be cleaned up immediately, wearing PPE (gloves and apron).

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 is available for bodily fluids like blood, vomit and urine and are available from facilities, pre prep or the school nurse. Waste should be double bagged and tied before disposal in the general waste.

## Exclusion

The school nurse or head of year will liaise with parents when an infectious disease is suspected or confirmed.

Exclusion from school may be used to reduce an infection spreading when students or staff are suffering from an infectious disease. Prompt exclusion is essential to preventing the spread of infection in childhood settings. The school will follow the guidance on control of infections in school and liaise with PHE where necessary. When pupils are suffering from infectious diseases they will be excluded from school on medical grounds for the minimum period recommended. Formal exclusion of pupils from school on medical grounds is enforceable by the headmaster only, acting on behalf of the local authority or the Governors.

In exceptional cases, when parents insist on the return of their child to school when the child still poses a risk to others, the local authority may, by serving notice on the child's parents or carers, require that they keep the child away from school until they no longer pose a risk to others.

Possible exposure to infectious disease without symptoms may also be a reason to exclude, dependant on COVID-19 advice in place at the time. Currently, a pupil who tests positive for COVID-19 is required to self-isolate for a period of 10 days from date of a PCR test. Pupils may also be instructed to isolate by NHS Test and Trace or the NHS COVID-19 app.

Diarrhoea and vomiting should have a 48-hour exclusion (for both students and staff) after the last episode. Cryptosporidiosis requires a two-week exclusion from swimming. Should a potential outbreak be suspected, the school nurse will complete the school action checklist for diarrhoea and vomiting outbreak (appendix B).

## Vulnerable groups at particular risk from infection

Some children have impaired immune defence mechanisms in their bodies (known as immuno-compromised) and hence will be more likely to acquire infections. Also, the consequence of infection in the immuno-compromised is likely to be significantly more serious than in those with a properly functioning immune system (known as immuno-competent).

Impaired immunity can be caused by certain treatments such as those for leukaemia or other cancers, like cytotoxic therapy and radiotherapy. Other treatments such as high doses of steroids, enteral feeding and others, may also have a similar effect. Children and carers will have been fully informed by their doctor. Any child considered vulnerable would have their needs assessed and a care plan in place that would be approved by the school nurse and the parents to ensure it was appropriate for their needs. This would be done on an individual basis for any student that was considered at risk.

If a vulnerable child is thought to have been exposed to a communicable disease, chickenpox or measles in the school setting, parents of that child will be informed promptly by the school nurse so that they can seek further medical advice from their GP or specialist, as appropriate. It is important that these children are also identified to the school nurse on entry to the school and parents are asked to complete a health information form on entry, annually or when any new health concerns need to be known.

The school follows the [health protection in schools guidance](#) provided by Public Health England

## **Staff Welfare**

### **Staff Immunisation**

Staff should ensure they have had a full course of recommended immunisations. In addition, any member of staff who assists with toileting or nappy changing should also have a Hepatitis B immunisation. The hepatitis B vaccination is available from GPs but may incur a charge; CFC will refund the cost in the usual way.

### **Exclusion**

Staff will have the same rules regarding exclusion applied to them as are applied to pupils. They may return to work when they are no longer infectious, provided they feel well enough to do so.

### **Pregnant staff**

If the school nurse becomes aware of any possible infection in school that may pose a risk in pregnancy, all staff in that area will be informed whilst maintaining confidentiality. Any pregnant member of staff who comes into contact with someone with an infection or rash should consult her midwife promptly. 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.

SLT and line managers would arrange their duties to avoid students with possible infectious illnesses. All pregnant staff should be excluded from contact with animals at work.

### **Contact with animals**

All contact between students and animals is risk assessed and supervised appropriately. Where students go out to animal parks these are reputable establishments which cooperate with the school to achieve good infection control and Health & Safety procedures. Staff and students would be required to:

- wash their hands thoroughly after contact
- keep their faces away from the animal
- refrain from putting hands in their mouths, eating or drinking
- avoid eating any animal feed
- stay away from faeces and manure, hands washed thoroughly if touched.

Any animals coming on to the site or interacting with the students would be required to be:

- kept under control by an experienced handler
- vaccinated appropriately.

**Swimming and sports** The swimming pools within the school are governed by procedures which ensure chemical levels are correct for disinfection, any contamination is dealt with promptly and affectively, independent tests are carried out daily to ensure the quality of the water. While it is accepted that there must always be a risk of infection from body fluids the risks can be mitigated by the following:

- All cuts and wounds covered with a waterproof dressing
- Students should use the toilet facilities prior to entering the pool and wash their hands
- Suitable footwear is worn to reduce the risk of cuts and grazes
- A diagnosis of cryptosporidiosis requires a two-week exclusion from swimming

## **Responsibilities of school staff and governors**

### **School governors**

School governors are ultimately responsible for the health of the staff and students and must ensure this by developing policies in line with legal requirements and best practice. They will appoint the SLT to apply the policies and meet regularly to monitor and discuss implementation of policies.

### **Senior leadership team**

SLT will enhance communication between the staff, parents and students, in order that student health is kept as the highest priority. They will ensure that high quality training is given to staff, that procedures are followed, reviewed and developed. Coordination of any major outbreak that may occur including the contact of suitably qualified experts, where necessary. The will support staff to carry out their duties and responsibilities.

SLT will ensure that the staff they manage put the health of students first and that line managers never ask staff to perform a task that they are not trained and capable of doing. SLT will inform parents of any outbreak of infectious illness as necessary.

### **School nurse**

The school nurse will offer advice and expertise on any outbreak or suspected infection. This may include examining students and liaising with other health professionals such as Public Health England as required.

### **All staff**

All staff are responsible for keeping the students and staff healthy. Staff must keep up their training in line with what is required for their role and not undertake tasks or procedures they are not trained for. It is imperative that staff cooperate with other staff and managers to keep students and staff healthy including but not limited to: hand washing and supporting students to wash their hands, keeping work areas and equipment clean, following good hygiene practices and procedures. Students may not be aware of potential or immediate dangers caused by poor hygiene so staff should remind them as appropriate.

## **Visitors and parents**

Visitors and parents should make staff aware of any suspected infectious diseases or symptoms and keep children away from school if necessary. While on the school site, they should follow the guidance of staff at all times.

## **Related Policies**

This policy should be read in conjunction with the following policies and procedures:

Health and safety policy

First aid policy

Nappy changing procedure for early years

Risk management policy

## **Procedures and risk assessments**

Procedures are communicated through training and practice and can be found in the documents above. Risk assessments for general tasks are available from line managers or the facilities manager.

A risk assessment is in place to assess the risk of COVID-19 and the control measures. This risk assessment will be reviewed on a regular basis and in light with any change in guidance.

## **Review**

This policy will be reviewed annually and as necessary, following investigations into any specific incidents. It is approved by the health and safety committee and the senior leadership team.



## Appendix A

### Diarrhoea and vomiting outbreak – school action checklist

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
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 B

### List of notifiable diseases

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010

- acute encephalitis
- acute meningitis
- acute poliomyelitis
- acute infectious hepatitis
- anthrax
- botulism
- brucellosis
- cholera
- diphtheria
- enteric fever (typhoid or paratyphoid fever)
- food poisoning
- haemolytic uraemic syndrome (HUS)
- infectious bloody diarrhoea
- invasive group A streptococcal disease and scarlet fever
- legionnaires' disease
- leprosy
- malaria
- measles
- meningococcal septicaemia
- mumps
- plague
- rabies
- rubella
- SARS
- smallpox
- tetanus
- tuberculosis
- typhus
- viral haemorrhagic fever (VHF)
- whooping cough
- yellow fever
- COVID-19

This list may be subject to change, the [full list of notifiable diseases](#) is updated from time to time..

## Appendix C

### Useful links and other information

#### Local health protection contact information

Support from the local health protection team (HPT) prevents and reduces 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

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 (option 1 to 4 depending on area)  
Out of hours for health professionals only: 0844 967 0069

#### Useful links

##### Exclusion Table:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/789369/Exclusion\\_table.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789369/Exclusion_table.pdf)

##### COVID-19 Public Health England Guidance:

<https://www.gov.uk/coronavirus/education-and-childcare>

##### 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>

## COVID-19

### Public health contacts

DfE helpline (0800 046 8687, option 1)

If a pupil or staff member is admitted to hospital with COVID-19, public health advice is available via the DfE helpline. Hospitalisation could indicate increased severity of illness or a new variant of concern.

This guidance below is specific to COVID-19

- d. [ISBA Template Risk Assessment: Testing for COVID-19 in Schools](#) – 17 Aug 21
- e. [Contingency framework: education and childcare settings](#) – Aug 21
- f. [Actions for early years & childcare providers during COVID outbreak](#) – 17 Aug 21
- g. [Schools COVID-19 operational guidance](#) – 17 Aug 21
- h. [COVID-19: Actions for Out-of-School Settings](#)
- i. [Guidance for special schools and other specialist settings: COVID 19](#) – 27 Aug 21
- j. [The use of PPE in education, childcare and children’s social care settings, including for aerosol generating procedures](#) - 20 Jul 21.
- k. [COVID-19: cleaning of non-healthcare settings](#) - 19 July 2021.
- l. [School attendance: guidance for schools](#) - 26 Jul 21.
- m. [COVID-19: guidance for the safe use of places of worship](#) published 16 July 2021.
- n. [Working safely during COVID-19: events and attractions](#) published 14 July 2021.
- o. [Contingency framework: education and childcare settings](#) dated 25 June 2021.
- p. [Coronavirus: how to stay safe and help prevent the spread](#) – updated 20 Aug 21