

# Infection Control Policy

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**Formby High School**  
*Determined to Achieve*

# Infection Control Policy

## Introduction

This policy has been written following guidance from Public Health England on infection control and winter readiness.

## 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 students 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 but will always act in accordance with the guidance from the government and public health bodies. We will, however, strive to remain open unless advised otherwise. Good pastoral care includes promoting healthy living and good hand and respiratory hygiene, and school staff will give students positive messages about health and well-being through RESPECT lessons, the Physical Education and Science curriculum, assemblies and school-wide campaigns.

## Planning and Preparing

In the event of the school becoming aware that a student or member of staff has an infectious illness, we will direct the student / his or her parents / staff member to report to their GP and inform the local Public Health England (PHE) centre. 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 Headteacher and Senior Leadership Team will make the decision as to whether school should remain open or closed and this decision will be based on medical evidence. This will be discussed with the Governing Body and PHE. It is likely that school will remain open but we recognise that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The school will close if cannot provide adequate supervision to ensure the health & safety and good education of the students. A full risk assessment will be performed if closure is deemed likely and reperformed before school can reopen.

## Infection Control

Infections are usually spread from person to person by close contact, for example:

- Infected individuals can spread a virus to others through droplets when coughing, sneezing or talking within a close distance or confined space.
- Through direct contact; for example, shaking an infected person's hand and then touching your face without washing your own hands first.
- By touching an object (for example, a door handle) that has previously been touched by an infected person, then touching your own face without first washing your hands.

Staff and students are given the following advice about how to reduce the risk of passing on infections to others:

- Wash your hands regularly using warm soapy water, particularly after coughing, sneezing or blowing your nose, and also before eating.
- Cover your nose and mouth when coughing and sneezing, ideally with a disposable tissue. Tissues should be disposed of as soon as possible using the 'catch it, bin it, kill it' approach.
- Seek medical advice if you think you may have an infectious illness.

These messages are promoted through posters, assemblies, tutor periods and RESPECT lessons.

Handwashing with warm, soapy water is the single most important part of infection control in schools.

### **Personal Protective Equipment (PPE)**

Disposable gloves and aprons are stored in the First Aid room and are to be worn where there is a risk of contamination with bodily fluids. If required and / or recommended by public health bodies, other PPE such as face masks and visors will be made available for use by staff.

### **Cleaning of the School**

The site is cleaned in preparation for each school day by an external contractor. The performance of the cleaning contractors is monitored by the Premises and Facilities Manager. During an outbreak of an infectious illness the high-touch points (door handles, banisters, key pads, etc) will be cleaned at regular intervals throughout the day in preparation for periods of high circulation. If necessary, water fountains will be turned off for the duration of the outbreak.

All spillages of body fluid are cleaned immediately wearing appropriate PPE. The area will be cleaned with disposable paper towels / cloths and a disinfectant suitable for the surface and effective against bacteria and viruses. The waste is immediately removed from the areas and appropriately disposed of in accordance with guidance.

### **Vulnerable Children and Members of Staff**

Some medical conditions make students and staff vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. The school will have been made aware of such students and members of staff. If the school becomes aware of the presence of an illness which may compromise the health of a clinically vulnerable student or member of staff, we will contact the parent / carer of the student or the member of staff with the details and advise that medical advice should be sought.

### **Female Staff – Pregnancy**

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor.

Other notable infections that pregnant women within school should be aware of include:

- Chickenpox
- German measles (Rubella)

- Parvovirus B19 (slapped cheek disease)
- Measles

If a pregnant woman is exposed to any of the above illnesses she should immediately inform whoever is giving antenatal care or their GP for advice.

This advice also applies to pregnant students.

If the school becomes aware of any members of the school community contracting the above listed infectious diseases it will inform any pregnant members of staff / students immediately.

### **Common Conditions and Recommended Absence Periods**

In school we follow the guidelines set by the PHE regarding the recommended period of time that students and / or staff should be absent from school. A summary of the most common conditions and recommended periods of absence are shown in Appendix One. It is important to note that the school is unable to authorise absence on medical grounds or illness for conditions where the guidelines state that no period of absence is recommended.

## Appendix One

### Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over.	
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 number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
Hepatitis A *	Exclude until seven days after onset of jaundice (or 7 days after symptoms 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.
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 students and staff. Pregnant staff should seek prompt advice from their GP or HPT.
Meningococcal meningitis * / septicaemia *	Until recovered.	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed.
Meningitis * due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed.
Meningitis viral *	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.

Mumps *	Five days after onset of swelling.	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all students and staff.
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Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all students and staff. Pregnant staff should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed.	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.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek / Fifth disease / Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff / parents.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis) *	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).