

# STAINES PREPARATORY SCHOOL



## INFECTION PREVENTION AND CONTROL POLICY

<b>Review Procedure:</b>	Reviewed daily prior to School opening on 1 <sup>st</sup> September 2020.
<b>Persons Responsible: Business Manager</b>	Jon Philpott
<b>Reviewed</b>	14.9.20
<b>Approved by: Headmistress</b>	Samantha Sawyer

This policy incorporates Public Health England guidance [Health protection in schools and other childcare facilities](#) and Department for Education guidance [COVID-19 infection prevention and control](#).

## **Introduction**

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

This policy provides information for staff managing a range of common and important childhood infections in settings including schools. It includes 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 spreads:**

Infections are spread in many different ways:

### **Respiratory spread:**

Contact with cough or other secretions from an infected person, like 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 coronavirus 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

#### **Infection prevention and control:**

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.

- All staff and pupils advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
- Cover all cuts and abrasions with a waterproof dressing.
- Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
- Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

#### **Bites:**

- If a bite does not break the skin: clean with soap and water and no further action is needed.
- If a bite breaks the skin: clean immediately with soap and running water. Record incident in accident book.
- Seek medical advice as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B, for reassurance about HIV

#### **Managing needle stick injuries:**

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
- record it in the accident book and 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.

All spillages should be cleaned using a product which combines detergent and disinfectant (to 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 should be available for bodily fluids like blood, vomit and urine.

#### **Sanitary facilities:**

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges, should be available. Bar soap should not be used.

Place disposable paper towels next to basins in wall mounted dispensers, together with a nearby foot-operated waste paper bin.

Toilet paper should be available in each cubicle.

Suitable sanitary disposal facilities should be provided where there are female staff and pupils aged 9 or over (junior and senior age groups).

**Children 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 pads should be changed in a designated area. 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 should be readily available. Contact your school health team for further advice.

**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 double bagged and sealed 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.

**COVID-19 Infection prevention and control:**

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

- Minimising contact with individuals who are unwell
- Regular cleaning of hands
- Practising good respiratory hygiene (catch it, bin it, kill it)
- Cleaning surfaces that are touched frequently
- Minimising contact and mixing
- Donning appropriate Personal Protective Equipment (PPE)
- Implementing social distancing measures
- Removing soft furnishing, soft toys and toys that are hard to clean
- Removing the use of shared resources
- Increasing air flow and ventilation by opening windows and
- Allowing children to spend more time outdoors

**What to do if you suspect an 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:**

The Headmistress/ Business Manager will contact the local health protection team (HPT) as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed.

The information listed below will be available to inform the size and nature of the outbreak:

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

If a cases of infectious illness including coronavirus is suspected at the school we will [call the local HPT](#).

**How to report:**

The school will telephone the local HPT and 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

The [full list of notifiable diseases](#) was updated in 2020.

**Immunisation:**

Immunisations are 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 childcare settings. 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.

**Cleaning contract:**

Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules, based on national guidance. A proper colour coding system is recommended by the Health and Safety Executive. Choosing to employ a colour system in your workplace can make cleaning easy, efficient and in turn, increase general hygiene and cleanliness.

Colour-coded equipment will 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 will be disposable (or if reusable, disinfected after use).

Cleaning solutions will be stored in accordance with Control of Substances Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly. Consideration will be 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.

A nominated member of staff will be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

**Cleaning blood and body fluid spills:**

All spillages of blood, faeces, saliva and vomit will be cleaned up immediately, wearing personal protective equipment. 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 cleaning up blood and body fluid spills, and dispose of after use. A spillage kit should be available for blood spills.

**COVID-19 advice - [cleaning and waste disposal](#)**

All objects which are visibly contaminated with body fluids must be cleaned using disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Avoid creating splashes and spray when cleaning. Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. 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:**

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known.

Waste should be stored safely and kept away from children. The waste should not be put in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

- If the individual tests negative, this can be put in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal waste
- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

#### **Toys and equipment:**

We will ensure that if used, only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment will be part of the monitoring process 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 will be securely covered when not in use to protect from animals contaminating the sand. Sand will be changed regularly; 4 weekly for indoor sandpits and as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved (indoor) or raked (outdoor) regularly to keep it clean.

The tank should be 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.

#### **COVID-19 advice:**

We will monitor how play equipment is used ensuring it is appropriately cleaned between groups of children using it, and that multiple groups do not use it simultaneously. All unnecessary items will be removed from classrooms and other learning environments where there is space to store it elsewhere.

Soft furnishings, soft toys and toys that are hard to clean such as those with intricate parts will be removed.

#### **Enhanced cleaning during an outbreak of infection:**

In the event of an outbreak of infection at the school, we will enhanced our cleaning regime, to help reduce transmission. Attention will be given to ensure regular cleaning of areas, in particular to door handles, toilet flushes and taps and communal areas where surfaces can easily become contaminated, including handrails. Plans will be developed for such an event on how the school might carry this out which will also include during term time. Dedicated cleaning equipment is colour coded according to area of use.

**COVID-19 advice:**

Areas where a symptomatic individual has 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 will 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, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, will be used following one of the options below:

Either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Creating splashes and spray when cleaning will be avoided. Any cloths and mop heads used must be disposed of and will be put into waste bags as outlined below.

**Staff welfare****Staff immunisation:**

All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR).

**Exclusion:**

Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

**Pregnant staff:**

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife.

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.

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.

**Food handling staff:**

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).

Employers are to notify their 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

#### **COVID-19 advice:**

**Staff testing:** Access to testing is available to all essential workers and can be booked through an online digital portal. There is also an option for members of staff to book tests directly on the portal.

**Shielded and clinically vulnerable adults:** Clinically extremely vulnerable individuals are advised not to work outside the home. It is strongly advising people, including education staff, who are clinically extremely vulnerable, those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus and have been advised by their clinician or through a letter, to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice.

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the [Staying at home and away from others \(social distancing\) guidance](#) have been advised to take extra care in observing social distancing and should work from home where possible. Education settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

**Living with a shielded or clinically vulnerable person:** If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

The School has been provided with 10 testing kits with the following advice.

#### **When to provide a test kit**

Home test kits should only be offered in the exceptional circumstance that you believe an individual may have barriers to accessing testing elsewhere.

Anyone who displays symptoms of coronavirus (COVID-19) can and should get a test. These symptoms are a high temperature, a new, continuous cough, or a loss or change to your sense of smell or taste. The government is

making it as easy as possible to get a test through a wide range of routes that are locally accessible, fast and convenient.

These testing routes are set out below and should be used as the normal channels for accessing testing. If a child or staff member in your education setting becomes symptomatic, you should advise them to access testing through these routes.

However, in exceptional circumstances when you do not think a child or staff member would be able to access testing by these routes, you should consider using one of the provided home test kits to improve the chances that the individual will get tested.

Kits are suitable for people of all ages over the age of one. Kits should not be given directly to children, only to adults over the age of 18 or a child's parent or carer. Parents and carers will be required to administer the test to those under 11.

Full instructions on how to administer the test and what to do next are provided within each kit. Schools and colleges will not be expected to administer testing.

### **Replenishment of test kits**

Guidance on replenishment of kits will be published shortly. Once this is published, you will be able to re-order these kits. There will be a cap on how many and how frequently orders can be placed, based on pupil numbers for your education setting.

You will be provided with a unique organisation number (UON) in the email about your initial stock of home test kits. This will be needed to order replenishment kits.

### **Storage of test kits**

Kits should be stored securely at ambient room temperature (5-22°C).

### **Managing specific diseases and infections:**

The school will refer to Public Health England advice on specific diseases and infections and ensure that the guidance is followed

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

### **COVID-19:**

The school will follow advice from the Department for Education and Public Health England:

<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 of any change in guidance.

In the event a member of staff or pupil has COVID-19, the school will follow Public Health England advice. The head teacher will contact the Area Schools Officer immediately about any suspected cases of coronavirus, even if they are unsure, and discuss if any further action needs to be taken; there is also the option to call the Department of Education Schools helpline.

Please refer to Surrey County Councils guidance on cleaning and sanitising, social distancing, PPE and testing.

### **Pets and animal contact:**

Please refer to Public Health England on pet and animal contact:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-8-pets-and-animal-contact>

**Appendices:**

**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.			

## 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

## Local health protection contact information:

Get support from your local health protection team (HPT) to prevent and reduce 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

If you need to send information that might reveal someone's identity, put it in an encrypted email. Do not put personal information in the subject line.

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](tel:03442253861) (option 1 to 4 depending on area)

Out of hours for health professionals only: please phone 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>