Annie Lennard Primary School

Infection Control Policy

Last Review Date August 2024

Introduction
This policy was originally written following guidance from Public Health England guidance on infection control and winter readiness, specifically in response to COVID. Although guidance has now significantly relaxed regarding COVID the management of infection control still remains an important part of Health and Safety.

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 children may have no residual immunity, they could be amongst the groups worst affected. We recognise that closing the school may be necessary in exceptional circumstances in order to control an infection. However we will strive to remain open unless advised otherwise. Good pastoral care includes promoting healthy living and good hand hygiene. School staff will give pupils positive messages about health and well-being through lessons and through conversations with pupils.

Planning and preparing
In the event of the school becoming aware that a pupil or member of staff has an infectious illness we would direct their parents to report to their GP.
During an outbreak of an infectious illness such as pandemic influenza the school will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether school should remain open or close will be based on medical evidence. This will be discussed with the Local Authority, School Advisor and Public Health England. 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 children.

Infection control
Infections are usually spread from person to person by close contact, for example:
Infected people can pass on through coughing, sneezing or even talking within a close distance.
Through direct contact e.g. shaking hands and then touching your face, mouth, eyes or nose without first washing your hands.
By touching objects e.g. door handles, light switches, surfaces, that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands.
Virus's can last much longer on hard surfaces.

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

Wash your hands regularly for at least 20 seconds, this includes when entering the school, before leaving the school, before and after eating, after going to the toilet and after coughing or sneezing.
Do not come into school if you feel unwell.
Minimise touching your nose, mouth, or eyes.
Catch sneezes and coughs in the inside of your elbow or a tissue and dispose of that tissue and wash your hands immediately.

These messages are promoted through posters around the school, in assemblies and through Personal and Social Education lessons.
HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS

Minimise sources of contamination
We will ensure relevant staff have Food Hygiene Certificate or other training in food handling.
Food will be stored in accordance with recommended food storage guidelines.
All preparation surfaces will be cleaned in accordance with recommended guidelines.
Food will be sourced from reputable suppliers.
Hands will be washed before and after handling food.

To control the spread of infection
We will implement increased hand washing whenever necessary.
We will keep staff and parents reminded of infection control measures.
We will remind pupils of the importance of hygiene.
We will seek guidance from PHE to ensure specific measures required are being followed.

Personal protective equipment (PPE)
Up to date guidance from PHE is to be followed at all times, this may include, disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons are worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing) by all staff.

Cleaning of the environment
Cleaning throughout the school is frequent and thorough including the cleaning of all toys and equipment in class. Cleaning equipment such as buckets are colour coded and cleaned and replaced as needed. Cleaning is carried out by in-house staff, training is regularly updated and independent inspections regularly carried out. During an outbreak specific guidance is sought from the Local Authority, Health and Safety advisor and PHE and the cleaning regime altered accordingly.

Cleaning of blood and body fluid spillages
All spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately (with staff wearing PPE). When spillages occur, they are cleaned using a product that combines both a detergent and a disinfectant to be effective against bacteria and viruses and suitable for the surfaces used on. Mops are never used for cleaning up blood and body fluid spillages – disposable paper towels are used and waste is disposed in secure bins along with nappies.

Vulnerable children

Some medical conditions make children 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 children.
These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the school will contact the parent/carer and inform them promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

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. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:
Chickenpox, report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
German Measles (Rubella), If a pregnant employee comes into contact with German Measles, she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Slapped Cheek Disease during early pregnancy can affect an unborn child, if exposed seek advice from the anti-natal carer.
Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

In school we follow the guidelines set by the Local Authority and PHE , regarding the recommended period of time that pupils should be absent from school.
Detailed information about many conditions is available at
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

It is important to note that the school are unable to authorise absence on medical grounds or illness for conditions where the guidelines state that no period of absence is recommended; e.g. headlice