



White Hall

Academy

Infection Control Policy

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Statement of Intent

Throughout the school year, it is common for children to become unwell. The purpose of this policy is to outline the precautions that White Hall Academy takes, and the procedures in place to prevent the spread of illness and infectious diseases within the school.

White Hall Academy actively prevents the spread of infection through the following measures:

- Routine immunisation
- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment

The school follows the guidance on infections laid out in the Public Health England's document 'Guidance on Infection Control in Schools and other Childcare Settings' 2016.

The practice in this policy applies to the whole school, and is carried out in conjunction with the following other policies:

- [Health and Safety Policy](#)
- [Supporting Pupils with Medical Conditions Policy](#)
- [Administering Medication Policy](#)
- [Animals in School Policy](#)
- [First Aid Policy](#)
- [Bodily Fluid Hygiene Policy](#)

Signed by:

_____	Headteacher	Date: _____
_____	Chair of Governors	Date: _____

1. Legal Framework

1.1. This policy has due regard to statutory legislation, including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974

1.2. This policy also has due regard to advisory guidance, including, but not limited to, the following:

- Public Health England (2016) 'Guidance on Infection Control in Schools and other Childcare Settings'

2. Hygiene Practice

2.1. The school encourages good personal hygiene practice through the following measures:

- Posters are displayed throughout the school encouraging all pupils, staff members and visitors to wash their hands after using the toilet, before eating or handling food, after touching animals, and following any other actions that increase the risk of the spread of infection, such as coughing or sneezing.
- Sufficient liquid soap, warm water and paper towels are made available for everyone to wash their hands in all toilets.
- Where necessary, younger pupils are supervised to ensure they have washed their hands.
- Pupils and adults within the school are encouraged to cover their mouth and nose with a tissue when they cough or sneeze, and to wash their hands after using and disposing of tissues.
- Pupils, staff members and visitors are discouraged from touching any stray animals that may come onto the school premises.
- Wall-mounted hand sanitiser is available in all classrooms.

2.2. Cleaners are employed to carry out thorough and frequent cleaning that follows the national guidance and is compliant with control of substances hazardous to health regulations and the school's Health and Safety Policy.

2.3. All contracted cleaners are appropriately trained to use personal protective equipment (PPE).

2.4. Any spillages of bodily fluids are cleaned up immediately with a combination of detergent and disinfectant, and always wearing PPE.

2.5. Mops will never be used to clean up bodily fluid spillages; instead, paper towels will be used and discarded as clinical waste, as described in point [2.8](#).

- 2.6. Any pupils' soiled clothing will be hygienically bagged and given to the parent to take home, and will never be rinsed by hand.
- 2.7. All laundry is washed in a separate dedicated facility, and any soiled linens are washed separately.
- 2.8. Clinical waste will be stored in clinical waste bags, no more than two-thirds full, and in a secure location, **name of location**, before it is removed by the registered waste contractor, **name of registered waste contractor**.
- 2.9. All sharps will be immediately discarded into the sharps bin, which is kept out of reach of children, **in the Medical Room**.
- 2.10. All pupils and staff will wash their hands using warm water, soap and paper towels after touching the school dog or any animal that is brought on to the school premises.
- 2.11. Parents will not bring their child to the school in the following circumstances:
 - The child shows signs of being poorly and needing one-to-one attention
 - The child has untreated conjunctivitis
 - The child has a high temperature/fever
 - The child has been vomiting and/or had diarrhoea within the last 48 hours
 - The child has an infection and the minimum recommended period to be kept away from school, outlined in [Appendix A](#), has not yet passed

3. Immunisation

- 3.1. The term immunisation refers to both receiving a vaccine and becoming immune to a disease as a result of being vaccinated.
- 3.2. White Hall Academy is aware that certain vaccinations will involve an exclusion period in which pupils are not required to attend school.
- 3.3. The school keeps up-to-date with national and local immunisation scheduling and advice. All pupils' immunisation status is checked at school entry and at the time of any vaccination.
- 3.4. The school encourages parents to have their children immunised.
- 3.5. Parental consent will always be sought before a vaccination is given.
- 3.6. A healthcare team will visit the school in order to carry out vaccinations and will be able to advise pupils if there are any concerns.
- 3.7. All pupils in Years Reception to 6 will be offered the nasal flu vaccinations.

- 3.8. Any pupil who become unwell after receiving the vaccination will be treated by the healthcare team who administered the vaccine or by the school nurse, following the school's procedures for sick and unwell pupils.
- 3.9. Any side effects from the vaccinations, such as becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.
- 3.10. Any medication required to relieve the side effects of a vaccination, such as painkillers, will be administered in accordance with the school's Administering Medication Policy.
- 3.11. Regular communication is maintained after pupils return to lessons, as some side effects can take up to a few hours to develop.
- 3.12. Parents will be provided with information on the Vaccine Adverse Event Reporting System and other relevant material.
- 3.13. Members of staff will be with pupils before, during and after vaccinations in order to keep the pupils relaxed and create a calming atmosphere.
- 3.14. The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.
- 3.15. A risk assessment will be conducted before any vaccinations take place.

4. Infectious Diseases

- 4.1. If a member of staff suspects the presence of an infectious disease in the school, they will contact the [school nurse](#) for further advice.
- 4.2. If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers and the [school nurse](#).
- 4.3. Parents of a pupil returning to the school following an infectious disease will be asked to contact the [school nurse](#).
- 4.4. If a child is identified as having a notifiable disease, as outlined in [Appendix A](#), the school will inform the parents, who should inform their doctor. It is a statutory requirement for doctors to then notify the local Public Health England centre.

5. First Aid

- 5.1. First aiders will thoroughly wash their hands with soap and warm water before and after giving first aid.
- 5.2. Disposable gloves are provided in all first aid boxes and will be worn for all tasks involving bodily fluids.
- 5.3. All cuts and abrasions will be covered with waterproof dressings
- 5.4. Splashes of blood and/or bodily fluids from another person, which enter the eyes or mouth of the first aider, will be immediately washed out using copious amount of water.
- 5.5. Splashes of blood and/or bodily fluids that fall on the skin of the first aider will be washed thoroughly with soap and water.
- 5.6. Where the skin has been pierced, and it is possible that there has been contact with blood from another person, the first aider will encourage the wound to bleed, then wash the area thoroughly and cover with a waterproof plaster.

6. Head Lice

- 6.1. Staff are not permitted to inspect any pupil's hair for head lice.
- 6.2. If a staff member happens to notice head lice in a pupil's hair, they will inform the parent and advise them to treat their child's hair.
- 6.3. When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their children's hair.

7. Procedures for Unwell Pupils/Staff

- 7.1. If a staff member notices a pupil is displaying warning signs of being unwell, such as not being themselves, and/or is displaying physical signs of being unwell, e.g. watery eyes, flushed face, clammy skin, the pupil's temperature may be taken and the parent will be informed of the situation.
- 7.2. Where a staff member identifies a pupil as unwell, they will take the pupil to the medical room.

- 7.3. Where this cannot be done, staff will:
- Attempt to cool the pupil down, if they are too hot, by suggesting that the pupil removes their top layers of clothing and opening a window.
 - Provide the pupil with a drink of water.
 - Move the pupil to a quieter area of the classroom or school.
 - Ensure there is a staff member available to comfort the pupil.
 - Summon emergency medical help if required.
- 7.4. Pupils and staff displaying any signs of infection will be sent home and recommended to see a doctor.
- 7.5. If a pupil is identified with sickness and diarrhoea, the parent will be contacted immediately and the child will go home, and will only be able to return after 48 hours have passed without symptoms.
- 7.6. If the school is unable to contact the parent in any situation, the pupil's next emergency contact will be contacted.
- 7.7. Parents are asked to disclose if their child has a medical condition which makes them vulnerable to infection.
- 7.8. If a vulnerable pupil, which includes those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immunity, is exposed to chicken pox or measles, the parent will be informed immediately and further medical advice sought.
- 7.9. Pupils and staff will not return to school following an infectious illness any sooner than the recommended absence period outlined in [Appendix A](#).

8. Pregnant Staff

- 8.1. The workplace can pose a risk of infection to pregnant women. If a pregnant member of staff develops a rash or is in direct contact with someone with a potentially infectious rash, it is recommended that they consult with their midwife.
- 8.2. If a pregnant woman has been exposed to chicken pox and she has not already had the infection, she will be advised to report the exposure to her GP and midwife.
- 8.3. If a pregnant woman comes into contact with German measles or measles, she will be advised to inform her GP immediately and antenatal carer for investigation.

8.4. If a pregnant woman is exposed to slapped cheek (fifth disease or parvovirus B19) before she is 20 weeks pregnant, she will be advised to inform her antenatal carer, to allow prompt investigation.

9. Medication

9.1. Where a pupil has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home in case the child has a reaction.

9.2. All medicine administered in school will be done in line with the [Administering Medication Policy](#).

10. Monitoring and Review

10.1. The headteacher will review this policy on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

10.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Infection Absence Periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by the Public Health England.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to the local Public Health England centre.

Infection	Recommended minimum period to stay away from school	Comments
Rashes and skin infections		
Athlete's foot	None	Treatment recommended; however, this is not a serious condition
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff
Cold sores	None	Avoid contact with the sores
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR). Follow procedures for pregnant staff
Hand, foot and mouth rashes	None	If a large number of pupils/staff are affected, contact local health protection team
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will need treatment also
Scarlet fever*	24 hours after commencing antibiotic treatment	Antibiotic treatment recommended

Infection	Recommended minimum period to stay away from school	Comments
Slapped cheek (fifth disease or parvovirus B19)	None	Follow procedures for vulnerable children and pregnant staff
Shingles	Stay away from school only if rash is weeping and cannot be covered	Spread by close contact. Can cause chicken pox in those who are not immune. Follow procedures for vulnerable children and pregnant staff, and contact local Public Health England centre for more information
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
Diarrhoea and vomiting illnesses		
Diarrhoea and/or vomiting	48 hours from the last episode of diarrhoea or vomiting	None
E.coli*	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice
Typhoid* and paratyphoid* (enteric fever)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice
Shigella* (dysentery)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice

Infection	Recommended minimum period to stay away from school	Comments
Cryptosporidiosis*	48 hours from the last episode of diarrhoea or vomiting	Exclusion from swimming for two weeks after diarrhoea has settled is recommended

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Infection	Recommended minimum period to stay away from school	Comments
Respiratory infections		
Flu (influenza)	Until recovered	Follow procedures for vulnerable children
Tuberculosis*	Consult the local Public Health England centre for recommendation	Requires prolonged close contact to spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. Non-infectious coughing can continue for many weeks
Other infections		
Lyme disease	Between two and four weeks	Tick should be removed straight away by gripping it as close to the skin as possible, using tweezers or a tick remover, and pulling steadily away from the skin without twisting or crushing the tick. A doctor should be contacted if illness occurs within the first six weeks of being bitten so treatment can be provided
Conjunctivitis	None	If an outbreak occurs, contact the local Public Health England centre
Diphtheria*	Consult the local health protection team for recommendation – exclusion is always necessary	Preventable by vaccination. Family contacts must be excluded until cleared to return by the local Public Health England centre
Glandular fever	None	None
Head lice	None	Treatment is recommended
Hepatitis A*	Seven days after onset of jaundice or other symptoms	In an outbreak, the local Public Health England centre will advise control measures
Hepatitis B*, C and HIV/AIDS	None	Not infectious through casual contact. Follow procedures for bodily fluid spills

Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. The local Public Health England centre will advise on any action needed. There is no reason to exclude those who have been in close contact
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The local Public Health England centre will advise on any action needed. There is no reason to exclude those who have been in close contact
Meningitis viral*	None	Milder form of meningitis. There is no reason to exclude those who have been in close contact
MRSA	None	Good hygiene is important to minimise the spread
Mumps*	Five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment recommended for the infected person and household contacts
Tonsillitis	None	None