



Our Lady of Lourdes
Catholic Primary School

Infection Control Policy for Schools and Educational Settings 2024 – 2025

Signed Electronically by Chair of Governors: <i>J Curran</i>	Name: Joan Curran	Date: 04.02.2025
Signed Electronically by Acting Headteacher: <i>A Hamlen</i>	Name: Anthony Hamlen	Date: 04.02.2025
Ratified by: Governing Body on 12.10.2023 Reviewed 27.01.2025 - UK Health Security Agency has replaced who replaced Public Health England Reviewed and re-ratified: by FGB on 04.02.2025		Next Review Date: First FGB after 31 st Jan 2026

Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies, Procedures or Practices	Infection Control Policy for Schools and Educational Settings	Date	05.10.2023 & 27.01.2025
EIA CARRIED OUT BY:	Jayne Russell	EIA APPROVED BY:	Joan Curran

Groups that may be affected:

Are there any concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for positive impact
Age (young people, the elderly: issues surrounding protection and welfare, recruitment, training, pay, promotion)	All groups are treated equally and fairly – no bias given	All groups are treated equally and fairly – no bias given
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication).	Same as above	Same as above
Gender Reassignment (transsexual)	Same as above	Same as above
Marriage and civil partnership	Same as above	Same as above
Pregnancy and maternity	Same as above	Same as above
Racial Groups (consider: language, culture, ethnicity including gypsy/traveller groups and asylum seekers)	Same as above	Same as above
Religion or belief (practices of worship, religious or cultural observance, including non-belief)	Same as above	Same as above
Gender (male, female)	Same as above	Same as above
Sexual orientation (gay, lesbian, bisexual; actual or perceived)	Same as above	Same as above

Any adverse impacts are explored in a Full Impact Assessment.

At Our Lady of Lourdes Catholic Primary School, we seek to create a unique and enabling community whereby children and staff are encouraged to journey beyond their expectations – academically, socially and spiritually – within a culture based on Gospel Values.

Love, Live and Learn as Jesus Taught Us

Infection Control Policy for Schools and Educational Settings

This policy incorporates the UK Health Security Agency (who replaced Public Health England) guidance Health protection in schools and other childcare facilities and Department for Education guidance for infection prevention and control.

It is advisable to check the current guidelines and information provided by the UK Health Security Agency by clicking on the link below:-

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

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.

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

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 face mask, 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

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 your local authority or school nurse. 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.

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 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 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.

COVID-19 prevention and control

For current Covid-19 guidance please click on the following link:-

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as:

- 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

Headteachers and managers 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.

It is useful to have the information listed below available before this discussion as it will help 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

For suspected cases of infectious illness where there is uncertainty it's an outbreak, call your local HPT.

How to report

The school is to telephone their 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)

Immunisation

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

Toys and equipment

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play. The condition of toys and equipment should be

part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.

Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the cleaning schedule.

Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly. 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.

Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at school, 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. Plans should be developed for such an event on how the school might carry this out which could also include during term time. Dedicated cleaning equipment must be colour coded according to area of use.

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).

Staff should be encouraged to keep up to date with Covid 19 immunisations (if eligible) and to receive an annual flu jab.

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. All females under the age of 25 years, working with young children, should have had 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 had 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
- higellosis
- 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

Managing specific diseases and infections

Please refer to the UK Health Security Agency 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>

COVID-19

The school will follow advice from the Department for Education and the UK Health Security Agency:

Also, follow the current guidance issued by South Gloucestershire Council regarding COVID-19 in your school or early years setting.

Pets and animal contact

Please refer to the UK Health Security Agency 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>

Diarrhoea and vomiting outbreak – school action checklist

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

Notifiable disease	Whether likely to be routine or urgent
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Acute encephalitis	Routine
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Acute infectious hepatitis (A/B/C)	Urgent
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Acute meningitis	Urgent
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Acute poliomyelitis	Urgent
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Anthrax	Urgent
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Botulism	Urgent
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Brucellosis	Routine. Urgent if acquired in UK
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Cholera	Urgent
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Notifiable disease**Whether likely to be routine or urgent**

COVID-19

Routine

Diphtheria

Urgent

Enteric fever (typhoid or
paratyphoid fever)

Urgent

Food poisoning

Routine. Urgent if part of a cluster or outbreak

Haemolytic uraemic syndrome
(HUS)

Urgent

Infectious bloody diarrhoea

Urgent

Invasive group A streptococcal
disease

Notifiable disease**Whether likely to be routine or urgent**

Legionnaires' disease

Urgent

Leprosy

Routine

Malaria

Routine. Urgent if acquired in UK

Measles

Urgent

Meningococcal septicaemia

Urgent

Mpox (previously known as
monkeypox)

Urgent

Mumps

Routine

Plague

Urgent

Notifiable disease**Whether likely to be routine or urgent**

Rabies

Urgent

Rubella

Routine

Severe Acute Respiratory
Syndrome (SARS)

Urgent

Scarlet fever

Routine

Smallpox

Urgent

Tetanus

Routine. Urgent if associated with injecting drug use

Tuberculosis

Routine. Urgent if healthcare worker, or suspected cluster
or multi-drug resistant

Typhus

Routine

Notifiable disease

Whether likely to be routine or urgent

. Viral haemorrhagic fever (VHF) Urgent

Whooping cough Urgent if diagnosed in acute phase. Routine in later diagnosis

Yellow fever Routine. Urgent if acquired in UK

A case may be urgent if:

- it's part of a current outbreak
- the suspected disease is uncommon in the UK
- the suspected disease spreads easily, or its spread is hard to control
- the patient is high risk, for example because of their age or job

If you are not sure if the case is urgent, telephone your local [UKHSA health protection team](#).

Reporting other infectious diseases

You can [use the Report a notifiable disease online service](#) to report any other suspected infectious disease if you think it may present a significant risk to human health. Select the category 'other significant disease'.

Reporting organisms that cause infectious diseases

Diagnostic laboratories must [report notifiable organisms](#) that are causative agents of infectious diseases to UKHSA.

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.

Our Lady of Lourdes Catholic Primary Schools HPT

1. South West HPT
2 Rivergate, Temple Quay,
Bristol,
BS1 6EH
 - [View on Google Maps](#)
 - [View on Open Street Map](#)swhpt@ukhsa.gov.uk

Telephone: 0300 303 8162 option 1, then option 1

Out of hours for health professionals requesting urgent advice: 0300 303 8162 option 1

Useful links

Covid-19 the UK Health Security Agency Guidance:
<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

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

UK Health Security Agency 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>