

# Cavendish Close Infant and Nursery School

## Infection Control Policy

May 2020

## **Introduction**

This policy has been written following guidance from Public Health England guidance 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 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 children positive messages about health and well-being through lessons and through conversations with children.

## **Planning and preparing**

In the event of the school becoming aware that a child or member of staff has an infectious illness we would direct their parents to report to their GP and inform Public Health. 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 Health Protection Agency and the Government.

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 a virus to others through large droplets when coughing or sneezing.

Infection can spread through direct contact with an infected person: for example, if you shake or hold their hand and then touch your own mouth, eyes, or nose without first washing your hands. Or even talking at a close distance.

Viruses can also survive longer on hard and soft surfaces.

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

Wash hands regularly, particularly after coughing, sneezing or blowing your nose.

Minimise contact between your hands and mouth/nose

Cover your nose and mouth when coughing and sneezing or in crook of elbow.

Do not attend school if you have an infectious illness.

These messages are promoted through posters around the school, in assemblies and through Personal Development lessons.

## **HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS**

### **Minimise sources of contamination**

We will ensure staff have received training or competent in food handling.

We store food that requires refrigeration, covered, and dated within a refrigerator at a temperature of 5°C or below.

We wash hands before and handling foods.

Food is brought from reputable sources and used by recommended date.

### **To control the spread of infection**

We ensure good handwashing procedures (toilet, handling animals, soil, food).

Children are encouraged to wipe and blow their own noses and dispose of soiled tissues straight away in waste bins.

We wear protective clothing when dealing with accidents and incidents.

### **Personal protective equipment (PPE)**

Disposable non-powdered vinyl or latex-free CE-marked gloves, face coverings (if advised) 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 of the environment, cleaning equipment such as buckets are colour coded and cleaned and replaced as needed. Cleaning is monitored regularly, and the school ensures cleaners have access to PPE.

### **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:

**Chicken Pox** can affect the pregnancy if a woman has not already had the infection.

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 woman 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. 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.

**Slapped Cheek Disease** (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

This advice also applies to pregnant students.

In school we follow the guidelines set by Public Health England (GOV.UK), regarding the recommended period of time that pupils should be absent from school.

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. head lice.