



## Infection Control Policy

**Written June 2020 – Review date June 2024**

### 1.0 INTRODUCTION

- 1.1 Bradford Christian School is committed to promoting the health and welfare of all members of its community. Our priorities is to ensure that all operations within school, both educational and support, are delivered in a safe manner that complies fully with government guidance.
- 1.2 It is our intention to be vigilant in relation to the presence of any infectious disease and to ensure that the risk of infection to all staff and students is kept to a minimum.
- 1.3 We will communicate with staff, students, parents and/or carers where appropriate, and, where necessary, medical authorities and take appropriate measures to minimise the spread of infection.
- 1.4 It is not always possible to identify how infection will be spread therefore precautions to prevent the spread of infection will be followed at all times. By following these procedures, chains of infection can be broken and a safe working environment created.

### 2.0 ROUTES OF INFECTION AND PRECAUTIONS

- 2.1 There are a number of routes of infection which may be prevalent in school where students and staff share close proximity:
- Air-borne transmission: Micro-organisms are spread through the air, coughing or sneezing.
  - Direct contact: Micro-organisms are spread from person to person or indirectly with an inanimate object that has been previously contaminated.
  - Faecal-oral transmission: spread from hand to mouth through inadequate hand washing after a toilet visit.
  - Blood and body fluid transmission: Through an injury which results in broken skin and bleeding.
- 2.2 To fight against infection, high standards of cleanliness will be observed.
- Grime will be kept to a minimum and areas of use thoroughly cleaned on a regular basis.
  - Toilet areas cleaned daily by cleaner/staff in DSP to ensure they are clean.
  - The school is cleaned by an employed cleaner.
  - Hand hygiene is one of the most important ways of controlling the spread of infection. After hand washing hands should be dried thoroughly as wet surfaces transfer organisms more effectively than dry ones. In the toilets we have hand driers and/or paper towels, which are refilled by the cleaner or DSP staff on a daily basis.
- 2.3 Injuries in school usually consist of minor injuries and do not generate hazardous waste. Any offensive waste at school is double bagged and disposed of appropriately. Offensive waste includes:
- Faeces
  - Urine
  - Vomit
- There is no cleaner on the premises for most of the day and it would be unrealistic to leave human waste uncleaned. Either staff or the school caretaker will clean the waste using appropriate PPE.
- 2.4 Personal Protective Equipment (PPE) is used to protect staff from the risk of cross infection when dealing with waste. Disposable gloves are in the first aid kits around the school and plastic aprons are available in EYFS and DSP. These should be worn when cleaning up human waste. Gloves and aprons must be disposed of after use by double bagging and placing in the outside bin.
- 2.5 Cleaning equipment is to be found in the store cupboard opposite the kitchen (the key for which is kept in Reception) and at various locations around school e.g. DSP, EYFS and science lab.
- 2.6 An unclean environment is one of the factors which may contribute to the spread of infection. High standards of cleanliness together with good cleaning routines and techniques will help reduce the risk of cross-infection.
- ### 3.0 MEDICAL CONDITIONS AND DEALING WITH SUSPECTED INFECTIOUS DISEASE
- 3.1 Parents and/or carers are asked to inform us of any pre-existing medical conditions when a student enrolls at

the school and on an annual basis in accordance with our Medical and Intimate care policy. These details are retained by the school business manager and staff informed of the medical help a child may need on a need to know basis.

3.2 Bites cuts and nose bleeds, will be treated by trained staff in accordance with the school's Health & Safety and First Aid Policies.

3.3 Coughs and Sneezing spread diseases. Staff and students will be encouraged to cover both nose and mouth with a disposable tissue and wash their hands when they have disposed of the tissue.

3.4 Exclusion from school may be used to reduce an infection spreading when students or staff are suffering from an infectious disease. In the event of a member of staff suspecting any form of infection, they will inform the appropriate member of the SLT. The SLT member will consult the official list of infectious diseases and the individuals symptoms in an attempt to identify the condition. Where a common infectious ailment such as chicken pox is identified or where concern persists without identification of the infection, the parents and/or carers will be contacted by telephone. Whenever confirmation is made of any infectious disease it will be the school's policy to take direction on exclusion from the official chart of infectious diseases.

### 3.5 General Guidance on Infections:

Infection	Incubation Period	Infectious Period	Restrictions/Exclusions	Additional Information
Coronavirus	on average 5-6 days, however can be up to 14 days	7 days	Positive test for Covid-19, remain off school and avoid contact with other people for 3 days. Starts from the day after the test.  Symptoms of COVID-19 and a high temperature try to stay at home and avoid contact with other people and return to school when they no longer have a high temperature.	See COVID 19 Risk assessment
Chickenpox	15-18 days	From 1-5 days after the appearance of the rash	Exclude for 5 days from the onset of the rash	If a pregnant woman has not had chickenpox/ shingles and is exposed to the virus they should contact their doctor promptly
Shingles	This is a re-activation of the chickenpox virus	Infectious only if lesions are exposed	Only people who have had chickenpox can get shingles	
Conjunctivitis (viral or bacterial)	Infectious period is when the eye is inflamed		2 days or until the eyes stop running	Good hygiene needed to stop the spread
Slapped cheek syndrome (parvovirus)	5-7 days	From 7-14 days after initial contact	Until clinically well	Pregnant women should inform their Doctor
German Measles (Rubella)	14-21 days	From a few days before to 5 days after the onset of the rash	5 days from the onset of the rash	Pregnant women should promptly seek advice from their Doctor
Glandular Fever	33-49 days	Once the symptoms have subsided there is little risk apart from close contact	Until clinically well	
Hand, Foot & Mouth	3-7 days	1 day before to a few days after the onset of the symptoms	Until clinically well (The rash does not indicate infectivity)	
Hepatitis A	2-6 weeks	From 7-14 days before to 7 days after the onset of symptoms	7 days from the onset of jaundice and when clinically well with no symptoms	
Influenza	1-5 days	Up to 7 days in children, 3-5 days in adults	Until clinically well	Some vulnerable groups may be immunised
Meningitis/ Septicaemia	2-10 days (with 5 being more common)	Whilst the organism is present at the back of the throat and nose	Until clinically well	Contacts should not be excluded but will receive antibiotics
Meningitis (Meningococcal)	Varies	Varies (medical advice)	Until clinically well	

Mumps	12-21 days	From a few days before the onset of symptoms to the subsidence of the swelling	Until the swelling has subsided or for 5 days from the onset of the swollen glands	
Scarlet Fever	2-5 days	Whilst the organism is at the back of the throat and nose	5 days after the commencement of the antibiotic treatment	
Sickness/vomiting	Varies		A child can come back to school after 24 hours if there are no other symptoms - If there are other symptoms - fever, diarrhoea, headache, they should not return to school for 48 hours	
Sickness and diarrhoea	Varies	Up to 48 hours after vomiting stops	Until 48 hours clear of last symptom	
Tonsillitis	Varies	Varies	Until clinically well	
Tuberculosis	Varies	Whilst the organism is present	Consultant in communicable disease control will advise	
Whooping Cough	10-14 days	7 days after exposure to 21 days after the onset of the cough	5 days after the commencement of the antibiotic treatment or 21 days if no treatment	
Worms	Varies	Until worms are treated		Close family members will also require treatment
Headlice	Eggs hatch after 5 days and reach maturity in 8-10 days	As long as the lice remain alive	Exclusion is not an option	Treatment should be administered as soon as possible Head to head contact of 1 minute is long enough for lice to be passed on. Examination and treatment of the whole family is required
Impetigo	4-10 days but can occur several months after colonisation	Whilst lesion remains moist	Until lesions have crusted or healed.	Treatment is rapidly effective
Moluscum Contagiosum	7 days to 6 months	Unknown but probably as long as lesions last	No exclusion necessary	
Ringworm (scalp)	10-14 days	As long as lesions are present	Exclude until treatment has commenced.	Treatment usually lasts for several weeks
Ringworm (Body)	4-10 days	As long as lesions are present	As long as lesions are present	
Roseola	10 days average		No exclusion needed	
Scabies	2-6 weeks	Until treated	Excluded until the first day of treatment	Skin to skin contact will transfer the mites
Verrucae	2-3 months	As long as lesion is visible		PE & swimming may continue provided the lesions are covered with a waterproof plaster


The information in the table above is by no means comprehensive. When in doubt a Doctor should always be contacted for up to date advice.

#### 4.0 Review:

- 4.1 This policy was first written in in 2020. When writing this policy the senior leadership team will be involved in agreeing and ratifying the policy.
- 4.2 In writing this version of the policy the following have been referenced:-
- the Public Health (Infectious Diseases) Regulations 1988
  - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
  - Health and Safety at Work Act 1974
  - Control of Substances Hazardous to Health 2002 (COSHH)
  - The Hazardous Waste (England and Wales) Regulations 2005
- 4.3 This policy should be read in conjunction with the following school policies:
- Health and safety Policy
  - First Aid Policy

- Medical and Intimate Care Policy
- Safeguarding and Child protection

4.4 This policy is reviewed bi-annually.

Formally agreed through SLT:	<b>16 June 2022</b>
Signed <b>Jane Prothero</b> – Head Teacher	
Review Date:	<b>June 2024</b>