Infection Control Policy

Written June 2020 – Review date June 2028

1. Introduction

Bradford Christian School is committed to promoting the health and welfare of all members of its community. Our priorities are to ensure that all operations, both educational and support, are delivered safely and comply fully with government guidance.

We will:

- Be vigilant in relation to infectious diseases
- Ensure the risk of infection to all staff and students is kept to a minimum
- Communicate with staff, students, parents/carers, and where necessary, medical authorities
- Take appropriate measures to minimise the spread of infection

It is not always possible to identify how infection will spread, therefore precautions to prevent spread will be followed at all times. By following these procedures, chains of infection can be broken and a safe working environment created.

2. Routes of Infection and Precautions

2.1 Routes of Infection

There are several routes of infection prevalent in schools where students and staff share close proximity:

- **Air-borne transmission:** Microorganisms spread through coughing or sneezing
- **Direct contact:** Microorganisms spread person to person or via contaminated objects
- **Faecal-oral transmission:** Spread from hand to mouth through inadequate hand washing after toilet visits
- **Blood and body fluid transmission:** Through injuries resulting in broken skin and bleeding

2.2 Cleanliness Standards

To fight infection, high standards of cleanliness will be observed:

- Grime kept to a minimum and areas thoroughly cleaned regularly
- Toilet areas cleaned daily by cleaner/AP staff
- School cleaned by employed cleaner
- Hand hygiene is one of the most important ways of controlling infection spread

- After hand washing, hands should be dried thoroughly (wet surfaces transfer organisms more effectively than dry ones)
- Toilets have hand driers and/or paper towels, refilled daily by cleaner or AP staff

2.3 Waste Disposal

Injuries in school usually consist of minor injuries and do not generate hazardous waste. Any offensive waste is double bagged and disposed of appropriately.

Offensive waste includes:

- Faeces
- Urine
- Vomit

There is no cleaner on premises for most of the day. Either staff or the school caretaker will clean waste using appropriate PPE.

2.4 Personal Protective Equipment (PPE)

PPE protects staff from cross-infection risk when dealing with waste.

- Disposable gloves are in first aid kits around school
- 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

Cleaning equipment is located in:

- Store cupboard opposite the kitchen (key kept in Reception)
- Various locations around school (e.g., DSP, EYFS, science lab)

2.6 Environmental Cleanliness

An unclean environment contributes to infection spread. High standards of cleanliness together with good cleaning routines and techniques will help reduce cross-infection risk.

3. Medical Conditions and Infectious Diseases

3.1 Medical Information

Parents/carers are asked to inform us of any pre-existing medical conditions when a student enrols and annually in accordance with our Medical and Intimate Care Policy. Details are retained by the School Business Manager and staff informed on a need-to-know basis.

3.2 Injuries

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 Coughing and Sneezing

Staff and students will be encouraged to:

- Cover nose and mouth with a disposable tissue
- Wash hands after disposing of the tissue

3.4 Exclusion from School

Exclusion may be used to reduce infection spread when students or staff are suffering from an infectious disease.

Process:

1. If a staff member suspects infection, they inform the appropriate SLT member
2. SLT member consults the official list of infectious diseases and individual's symptoms
3. Where common infectious ailment (e.g., chicken pox) is identified or concern persists, parents/carers are contacted by telephone
4. Upon confirmation of any infectious disease, we follow direction on exclusion from the official chart of infectious diseases

3.5 Guidance on Common Infections

Infection	Incubation Period	Infectious Period	Exclusion	Additional Information
Coronavirus	5-6 days (up to 14)	7 days	Until no high temperature and well enough to attend	Follow national guidance if tested positive
Chickenpox	15-18 days	1-5 days after rash appears	5 days from onset of rash	Pregnant women who haven't had chickenpox/shingles should contact doctor
Shingles	Re-activation of chickenpox virus	Only if lesions exposed	Until lesions crusted/healed	Only people who've had chickenpox can get shingles

Conjunctivitis	Varies	When eye is inflamed	2 days or until eyes stop running	Good hygiene needed
Slapped cheek	5-7 days	7-14 days after contact	Until clinically well	Pregnant women should inform doctor
German Measles	14-21 days	Few days before to 5 days after rash	5 days from onset of rash	Pregnant women should seek doctor's advice
Glandular Fever	33-49 days	Little risk once symptoms subside	Until clinically well	-
Hand, Foot & Mouth	3-7 days	1 day before to few days after symptoms	Until clinically well	Rash doesn't indicate infectivity
Hepatitis A	2-6 weeks	7-14 days before to 7 days after symptoms	7 days from jaundice onset	-
Influenza	1-5 days	Up to 7 days (children), 3-5 days (adults)	Until clinically well	Vulnerable groups may be immunised
Meningitis/Septicaemia	2-10 days (usually 5)	While organism present in throat/nose	Until clinically well	Contacts receive antibiotics but not excluded
Meningococcal Meningitis	Varies	Varies (medical advice)	Until clinically well	-
Mumps	12-21 days	Few days before to subsidence of swelling	Until swelling subsided or 5 days from onset	-

Scarlet Fever	2-5 days	While organism in throat/nose	5 days after antibiotic treatment starts	-
Sickness/vomiting	Varies	Varies	24 hours if no other symptoms; 48 hours if fever, diarrhoea, headache	-
Sickness and diarrhoea	Varies	Up to 48 hours after vomiting stops	48 hours clear of last symptom	-
Tonsillitis	Varies	Varies	Until clinically well	-
Tuberculosis	Varies	While organism present	Consultant will advise	-
Whooping Cough	10-14 days	7 days after exposure to 21 days after cough onset	5 days after antibiotic treatment or 21 days if no treatment	-
Worms	Varies	Until treated	No exclusion	Close family members require treatment
Headlice	Eggs hatch after 5 days, mature in 8-10 days	As long as lice remain alive	No exclusion	Head-to-head contact of 1 minute sufficient for transfer. Whole family examination and treatment required
Impetigo	4-10 days (can occur months after colonisation)	While lesion remains moist	Until lesions crusted or healed	Treatment rapidly effective
Molluscum Contagiosum	7 days to 6 months	Unknown, probably as long as lesions last	No exclusion	-

Ringworm (scalp)	10-14 days	As long as lesions present	Until treatment commenced	Treatment usually lasts several weeks
Ringworm (body)	4-10 days	As long as lesions present	Until treatment commenced	-
Roseola	10 days average	Varies	No exclusion	-
Scabies	2-6 weeks	Until treated	Until first day of treatment	Skin-to-skin contact transfers mites
Verrucae	2-3 months	As long as lesion visible	No exclusion	PE & swimming may continue if lesions covered with waterproof plaster

Note: This information is not comprehensive. When in doubt, always contact a doctor for up-to-date advice.

4. Related Policies

This policy should be read alongside:

- **Health and Safety Policy**
- **First Aid Policy**
- **Medical and Intimate Care Policy**
- **Safeguarding and Child Protection Policy**

5. Review

This policy references:

- **Public Health (Infectious Diseases) Regulations 1988**
- **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)**
- **Hazardous Waste (England and Wales) Regulations 2005**

This policy is reviewed bi-annually by the Senior Leadership Team.

This policy is published on our school website at [URL] and is available on request from the school office.

Formally agreed by SLT: July 2026
Signed: Jane Prothero – Head Teacher
Review Date: June 2028