



Infection Control Policy

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Statement of intent

Infections can easily spread in a school due to:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person.
- **Direct contact spread** – direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread** – contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread** – contact with infected blood or bodily fluids, e.g., via bites or used needles.

We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

Legal framework

This policy has due regard to 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
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

This policy has due regard to statutory guidance including, but not limited to, the following

- Public Health England (2019) 'Health protection in schools and other childcare facilities'
- DfE (2015) 'Supporting pupils at school with medical conditions'

This policy operates in conjunction with the following school policies and documents:

- **Health and Safety Policy**
- **Administering Medication Policy**
- **First Aid Policy**

Preventative measures

Ensuring a clean environment

- **Sanitary facilities**

Wall-mounted soap dispensers are used in all toilets – bar soap is never used.

A foot-operated waste paper bin is always made available where disposable paper towels are used.

Toilet paper is always available in cubicles.

Suitable sanitary disposal facilities are provided where necessary.

- **Nappy changing areas**

There is a designated changing area that is separate from play facilities and food and drink areas. The Nursery have clear written procedures for nappy changing and toileting. Handwashing facilities are available in the room and soiled nappies are disposed of in a specialised nappy waste disposal bin.

- **Continence aid facilities**

Pupils who use continence aids, e.g., continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

- **Laundry**

All laundry is washed in a separate dedicated facility, and any soiled linens are washed separately.

Manual sluicing of clothing is not permitted, and gloves and aprons are worn when handling soiled linen or clothing. Hands are thoroughly washed after gloves are removed.

- **Cleaning contractors**

A cleaning contractor is employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The Bursar is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

- **Toys and equipment**

A written schedule is in place to ensure that toys and equipment are cleaned on a daily basis. Toys that are “soft”, such as modelling clay and ‘Play-doh’, are discarded whenever they look dirty (*labelled and used by individual child during coronavirus pandemic*).

Sandpits are covered when not in use and the sand is changed on a regular basis: four weeks for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a weekly basis. (*Sandpits not in use during coronavirus pandemic*)

Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

- **Handwashing**

All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

- **Blood and other bodily fluids**

Cuts and abrasions are covered with waterproof dressings.

When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.

Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl. If there is a risk of splashing to the face, goggles are worn.

Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. The school spillage kits are stored in Surgery, Nursery and the Maintenance Shed.

- **Bites**

If a bite does not break the skin, the affected area is cleaned with soap and water.

If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the pupil accident log on the Engage Portal and medical advice is sought immediately.

- **Hypodermic needles (sharps)**

Injuries incurred through sharps found on school grounds will be treated in the Health Centre initially. The wound will be encouraged to bleed and will be washed thoroughly with soap and water before referring for further medical treatment. All sharps found on school premises will be disposed of in the sharps bin wearing PPE. A sharps bin conforming to BS7320 is located in the Health Centre. Replacement can be arranged via Waverley Council (01483523525) who will collect old and supply new.

Pupil immunisation

The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.

Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.

The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.

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.

A risk assessment will be conducted before any vaccinations take place.

Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.

Before starting school, pupils should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.

All pupils in Reception to Year 6 will be offered nasal flu vaccinations annually.

Girls and Boys aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against some types of cancer.

All pupils aged 14 will be offered the 3-in-1 teenage booster vaccination to top-up the effects of the pre-school vaccines against diphtheria, polio and tetanus.

All pupils aged 14 will be offered the MenACWY vaccine as part of the routine adolescent schools programme.

Any pupils who become unwell after receiving a 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.

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.

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.

Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.

Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.

The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.

Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

Staff immunisation

Staff should be up-to-date with immunisations; in particular, we encourage the following:

- **Rubella:** Female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy.
- **Flu:** All staff will be offered a Flu vaccine.

Contact with pets and animals

The school may consider some small caged animals as school pets. These will be kept in the Science Department or a designated classroom.

Animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.

All animals receive recommended treatments and immunisations, are groomed daily, and checked for any signs of infection.

Bedding is changed on a weekly basis.

Feeding areas are kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes is taken away or covered.

The headteacher ensures that a knowledgeable person is responsible for each animal.

Visits to farms are strictly controlled by the policies and protocols contained in our Farm Visit Risk Assessment.

Visits to zoos are strictly controlled by use of our Visit to the Zoo Risk Assessment.

In the event of infection

Preventing the spread of infection

Parents will not bring their child to school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one care
- The child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has untreated head lice
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed

Vulnerable pupils

Pupils with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

The school nurse will be notified if a child is "vulnerable". Parents are responsible for notifying the school if their child is "vulnerable".

If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

Procedures for unwell pupils/staff

Staff are required to know the warning signs of pupils becoming unwell including, but not limited to, the following:

- Not being themselves
- Not having a snack
- Not eating at lunchtimes
- Wanting more attention/sleep than usual
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin

Where a staff member identifies a pupil as unwell, the pupil is taken to the Surgery, where they will be assessed by the nurse, and the pupil's parents will be informed as necessary.

If a pupil is identified with sickness and diarrhoea, the pupil's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.

If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Contaminated clothing

If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil, and parents are advised of the best way to launder the clothing.

Exclusion

Pupils suffering from infectious diseases will be excluded from school on medical grounds for the time period indicated in the [UK Health Security Agency's Health Protection in Education and Child Care Settings Guidance - Exclusion Table](#).

Pupils can be formally excluded on medical grounds by the Headmaster.

If a pupil is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local health protection team (HPT) may be contacted to advise on a case-by-case basis.

Medication

All medicine provided in school will be administered in line with the Administering Medication Policy.

Outbreaks of infectious diseases

An incident is classed as an 'outbreak' where:

- Two or more people experiencing a similar illness are linked in time or place.
- A greater than expected rate of infection is present compared with the usual background rate, e.g.:
 - Two or more pupils in the same classroom are suffering from vomiting and diarrhoea.
 - A greater number of pupils than usual are diagnosed with scarlet fever.
 - There are two or more cases of measles at the school.

Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported.

As soon as an outbreak is suspected (even if it cannot be confirmed), the School nurse will contact the HPT to discuss the situation and agree if any actions are needed.

The school nurse will provide the following information:

- The number of staff and children affected
- The symptoms present
- The date(s) the symptoms first appeared
- The number of classes affected

If the school nurse is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.

The HPT will provide the school with draft letters and factsheets to distribute to parents.

The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

If a member of staff suspects the presence of an infectious disease in the school, they will contact the school nurse for further advice.

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.

A pupil returning to the school following an infectious disease will be asked to contact the school nurse.

If a pupil is identified as having a notifiable disease, as outlined in the [UK Health Security Agency's Exclusion Table](#), the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local UK Health Security Agency.

During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The Bursar will liaise with the cleaning contractor to ensure these take place.

Pregnant staff members

If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.

Chickenpox: If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she should speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.

Measles: If a pregnant staff member is exposed to measles, she should inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.

Rubella (German measles): If a pregnant staff member is exposed to rubella, she should inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19): If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

Staff handling food

Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. Food handling staff are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.

The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.

Food handlers are required by law to inform the school if they are suffering from any of the following:

- Typhoid fever
- Paratyphoid fever
- Other salmonella infections
- Dysentery
- Shigellosis
- Diarrhoea (where the 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 infectious diseases

When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the [UK Health Security Agency's Health Protection in Education and Childcare Settings Guidance Chapter 3](#).

Monitoring and review

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

This policy will be reviewed on an annual basis and any changes made as necessary, taking into account the current effectiveness of infection control and prevention.

SAM
October 2025

Appendix A Diarrhoea and Vomiting Outbreak Action Checklist

Date:	
Completed by:	

Action	Action taken?		Comments
	Yes	No	
A 48-hour exclusion rule has been enforced.			
Liquid soap and paper hand towels are available.			
Enhanced cleaning is undertaken twice daily, and an appropriate disinfectant is used.			
Appropriate personal protective equipment (PPE) is available.			
Appropriate waste disposal systems are available for removing infectious waste.			
Toys are cleaned and disinfected on a daily basis.			
Infected linen is segregated, and dissolvable laundry bags are used where possible.			
Visitors are restricted, and essential visitors are informed of the outbreak.			
New children joining the school are delayed from joining.			
The health protection team (HPT) has been informed of any infected food handlers.			
Staff work in dedicated areas and food handling is restricted.			
All staff (including agency) are asked if they are unwell.			
Staff are restricted from working elsewhere.			
The HPT is informed of any planned events at the school.			
The school nurse is informed.			
Ofsted are informed if necessary.			

Appendix B List of Notifiable Diseases

Under the Health Protection (Notification) Regulations 2010, the following diseases will always be reported to the health protection team (HPT):

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever