Policy Number:

READING SCHOOL

POLICY ON INFECTION CONTROL

Introduction:
Infections can be created by exposure to harmful micro-organisms such as bacteria, fungi, viruses and internal parasites. Staff and pupils may be infected by being exposed to toxins produced by a microorganism, or by having an allergic reaction to the micro-organism or the substances it produces. It is not always possible to identify how infection will be spread therefore precautions to prevent the spread of infection must be followed at all times. These routine procedures are known as Standard Precautions. By following these standard precautions, the chain of infection can be broken and a safe working environment created.

Aims and Objectives:
At Reading School it is our aim to ensure that the risk of infection to all staff and pupils is kept to a minimum by using the standard precautions and ensuring that staff and parents are aware of these.

We will comply with:
The Health and Social Care Act 2012;
The Public Health Regulations;
The reporting of incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
Health and Safety at Work Act 1974;
The control of Substances Hazardous to Health Regulations (COSHH);
The Environmental Protection Act;
Hazardous Waste Regulations.

Principles
Reading School recognises that infections such as influenza epidemics 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 wherever possible.

Infections are likely to spread particularly rapidly in schools and as pupils 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, for instance, by Public Health England (PHE).

Effective pastoral care includes promoting healthy living. Pupils are given positive messages regarding health and well-being in lessons and through presentations.

Planning and Preparing
In the event of Reading School becoming aware that a pupil or member of staff has an infectious illness, we would liaise with the Public Health England. Alternatively, they may contact the school to advise us that a pupil or member of staff has sought medical attention and has been diagnosed as having an infectious illness.

During an outbreak of an infectious illness such as epidemic influenza, Reading School will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether Reading School should remain open or close will be based on medical evidence and educational capability and capacity. This will be discussed with Public Health England.

It is likely that the school will remain open but we recognise the fact that the illness itself will impact staff absence levels. The school will close, at least to non-examination classes, if lessons cannot be staffed or there is not adequate supervision for pupils. Pupils will be set work to complete at home. As part of their duty of care, all staff are expected to report to the Headmaster if they have any infectious disease.

Routes of Infection:
There are a number of routes of infection which may be prevalent in schools where children and adults are in close proximity.

- Air-borne transmission: Micro-organisms are spread through the air, for example, through 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.

Standard Precautions of Infection Control:
To fight against infection, general high standards of cleanliness must be observed. Dust kept to a minimum and areas of use thoroughly cleaned on a regular basis. Toilet areas should be spotless and cleaned daily, this includes the sinks, door handles etc. Hand hygiene is widely acknowledged to be one of the most important ways of controlling the spread of infection. Evidence suggests that many people do not use the most effective technique when washing hands.

Hands should be washed:
- Before handling food;
- Before eating and drinking;
- Before taking medication;
- After visiting the toilet;
- Whenever hands are visibly dirty;
- After sneezing or coughing.

After hand washing it is important that hands are dried thoroughly as wet surfaces transfer organisms more effectively than dry ones. In the pupil's toilets we have hand driers which are regularly checked to ensure that they are in good working order. At Reading School we have an anti-bacterial dispenser in the school reception and refectory.

Disposal of Potentially Infectious Waste:
Injuries in school usually consist of minor injuries and do not generate hazardous waste. All offensive waste at school is double bagged and placed in the outside bins.

Infectious waste includes:
- Nasal secretions;
- Faeces;
- Urine;
- Vomit;
- Sputum

Achieving and Maintaining a Clean Environment:
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.

Personal Protective Equipment (PPE):
Personal protective equipment is used to protect staff from the risk of cross infection when dealing with waste. Disposable gloves (latex free) and plastic aprons are available for use and must 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.

Medical Conditions:
Staff are asked to inform the HR department of any pre-existing medical conditions. Parents are asked to inform us of any pre-existing medical conditions when their child enters the school. We keep a register of medical conditions and these are shared with the teaching staff but never shared with outside agencies unless prior consent is gained from parents. There are a number of childhood illnesses that are notifiable, in these cases we would expect the parent to notify the authorities.

Implementation, Monitoring and Review:
The Headmaster has overall responsibility for the implementation of this policy and will ensure that the staff have the correct resources to deal with any perceived infection.

Appendix A

General Guidance on Infections

Infection	Incubation Period	Infectious Period	Restrictions/exclusions	Additional Information
Chickenpox	15-18 days	From 1 day before to 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 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.	Two 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.
Coronaviruses	Follow advice from PHE	Follow advice from PHE	Follow advice from PHE	
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 form close contact.	Until clinically well.	
Hand, foot and 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 or related respiratory illnesses	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 or 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 the symptoms to the subsidence of the swelling.	Until the swelling has subsided or from 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.	

Infection	Incubation Period	Infectious Period	Restrictions/exclusions	Additional Information
Sickness and diarrhoea	Varies	Up to 48 hours after vomiting stops.	At least 48 hours.	
Tonsillitis	Varies	Varies	Until clinically well	
Tuberculosis	Varies	Whilst organism is present	Consultant in communicable disease control will advise.	Health and Safety unit must be advised of any cases.
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 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.	
Molluscum 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 and 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 the doctor should always be contacted for up to date advice.