



Queen Mary's Grammar School

Infection control policy

For approval by the LGB, June 2020

Introduction

- This policy has been written following guidance from Public Health England guidance on infection control and winter readiness.
- The policy has been created using guidance from Elite Safety in Education

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 pupils positive messages about health and well-being through lessons, through conversations with pupils, and through posters around the site.

Planning and preparing

- In the event of the school becoming aware that a pupil or member of staff has an infectious illness we would direct their parents to report to their GP and inform Public Health England. 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, sneezing.
 - Through direct contact with an infected person: for example if you shake or hold their hand and then touch your own mouth, eyes, nose without first washing your hands..
 - Through indirect contact: for example touching a surface which an infected person has recently touched.
- 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 with a tissue when coughing and sneezing, or in crook of elbow if

no tissue is available, and then throwing the tissue away: Catch it – Bin it – Kill it

- Do not attend school if you have an infectious illness. As a general rule pupils should not return until 48 hours after the last bout of sickness or diarrhoea.
- These messages are promoted through posters around the school, in assemblies and through Personal and Social Education lessons.
- **HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS**

Minimise sources of contamination in food

- We will ensure staff preparing or serving food have received training or demonstrated competence in food hygiene.
- We wash hands before and after handling foods
- We store food that requires refrigeration, covered and dated within a refrigerator at a temperature of 5°C or below
- We ensure that food is cooked adequately
- Food is brought from reputable sources and used by the recommended date.

To control the spread of infection

- We ensure good handwashing procedures (toilet, handling animals, soil, food)
- Children encouraged to wipe and blow their own noses and dispose of soiled tissues 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,
 - disposable plastic aprons are worn where there is a risk of splashing or contamination with blood/body fluids,
 - face and eye protection where there is an aerosol or droplet risk

Cleaning of the environment

- Cleaning throughout the school is frequent and thorough.
- Colour coded cleaning equipment such as mops/buckets are used to reduce cross-infection between different area types. Equipment is cleaned and replaced as needed.
- Cleaning contracts are monitored regularly

Cleaning of blood and body fluid spillages

- All spillages of blood or body fluids (including faeces, saliva, vomit, nasal and eye discharges) are cleaned up immediately usually by the site team. 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 and with staff wearing appropriate PPE. Mops are never used for cleaning up blood and body fluid spillages – disposable paper towels are used and waste is disposed appropriately.

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 the school becomes aware of possible exposure to these, we will contact the parent/carer and inform them and advise further medical advice is sought. It may be advisable for these children to have additional immunisations following consultation with their GP, for example pneumococcal and influenza.

Female staff – pregnancy

- When notified that a member of staff or pupil is pregnant the school undertakes a risk assessment of specific risks in line with HSE advice.

- The greatest risk to pregnant women from such infections often comes from their own child/children, rather than the workplace. Some specific risks are:
- 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 their doctor.
- Chicken Pox can affect the pregnancy if a woman has not already had the infection. Report the exposure to your midwife and GP. 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.

Further Information

Detailed information about many conditions is available at <http://www.hpa.org.uk/>