



St Anthony's Catholic Primary School

An Academy within The Catholic Academy Trust in South Hampshire

'Children in our heart, Christ at the centre'
'We love, we learn and we live'



Name of Policy	Control of Infections Policy
Reference Number	
Date of e-signoff	June 2023
Headteacher	Katrina Straker
Chair of Risk & Management sub-committee	Kerry Meredith
Date for review	June 2025

Control of Infections Policy



St Anthony's Catholic Primary School

An Academy within The Catholic Academy Trust in South Hampshire

*'Children in our heart, Christ at the centre'
'We love, we learn and we live'*



The St Anthony's mission statement is 'Children in our heart, Christ at the centre. We love, we learn and we live.' To live out this mission, we are guided and led by our Catholic ethos that places the Catholic Social Teaching principles of Human Dignity and the Common Good at the heart of our school. We recognise that each of us is unique and loved by God and we are called to lead by example, as Christ did, to show respect and love to every person because each of us is made in the image of God.

STATEMENT OF INTENT

St Anthony's Catholic Primary School is committed to safeguarding the health, safety and welfare of staff, pupils and visitors so far as is reasonably practicable. Communicable disease can constitute a health and safety hazard to anyone entering the St Anthony's Catholic Primary School. And this policy aims to ensure that such risks are reduced wherever possible.

It is important that staff are aware of this policy and of statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease.

Staff should also be particularly aware of the practical procedures to control the spread of communicable diseases.

Staff should also be aware of the St Anthony's Catholic Primary School's First Aid and Medicine Policy which may also be relevant.

Section 1: ORGANISATION AND RESPONSIBILITIES

1.0 Head Teacher's Responsibilities

1.1 The Head Teacher (or suitable deputy) shall ensure the following:

- a. that staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others;
- b. that infection control issues are considered when doing workplace assessments;
- c. that staff are instructed, monitored and up-dated in correct infection control procedures;
- d. that records are maintained of staff Hepatitis B vaccination history in areas where a risk of the disease has been identified;

- e. that sharps injuries are reported and that staff follow the correct procedures;
- f. That appropriate quantities of Personal Protective Equipment (PPE) – suitable vinyl, protective gloves and aprons are available at all times (at first aid posts).

In situations where there is an outbreak or risk of an outbreak of a virus/infection, the Head Teacher will contact the UK Health Security Agency and follow their advice as instructed.

1.2 All Teaching staff

Individual staff are responsible for ensuring that they are familiar with and follow the infection control procedures for their own area.

If any member of staff is unwell he/she should not return to school until clear of symptoms for 48 hours.

1.3 First Aiders

First aiders should ensure they are familiar with this policy. Individuals may be exposed to infectious substances such as blood and other bodily fluids and should take the following precautions to reduce the risk of infection:

- Cover any cuts or grazes on their skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any bodily fluids
- Use suitable eye protection and a disposable plastic apron where splashing is possible
- Use resuscitation face masks if you have to give mouth to mouth resuscitation
- Wash your hands after each procedure.

1.4 Site Manager

The Site Manager is responsible for ensuring that good standards of cleaning are maintained at all times.

In the event of an outbreak of infection the Site Manager will arrange for relevant areas to be deep cleaned.

1.5 Kitchen Manager and all catering staff

The two main pieces of legislation which address issues of infection control on the area of food preparation are **The Food Safety Act 1990 and The Food Safety and Hygiene Regulations 2013.**

- All those with the responsibility for food preparation should be aware of their duties under this legislation and have received training applicable to their level of responsibility in the food preparation area. The School requires that the minimum training for all kitchen staff must be the Basic Food Hygiene Certificate. If the new staff do not hold this certificate when they join the School, arrangements should be made within a month for them to attend a course. New catering staff must be made aware of food hygiene arrangements.

- Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom free for 48 hours.
- Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do.
- Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

1.6 Pregnant staff/visitors

- Pregnant staff will need to be given special advice of certain infectious diseases such as German Measles (Rubella) and Chicken Pox (Varicella-Zoster). As staff might not be aware that they are pregnant, everyone should be informed if there are cases of German Measles or Chicken Pox in the School.
- Staff should be advised to ask their doctor for a test to establish their immunity to German Measles if they are planning to become pregnant. Previous vaccination in childhood does not guarantee immunity.

1.7 Pupils and parents

Pupils are expected to comply with any request from staff to leave the area if someone is unwell. They should also report any concerns they may have to a member of staff.

Any pupil who is unwell should stay away from the School until they have been symptom free for 48 hours. Parents are asked to ensure that this happens.

Section 2: ARRANGEMENTS

2 Risk Assessment

- A general risk assessment of the School premises should consider the hazards that might be posed by infectious disease. In some areas there will be little or no risk identified over and above that which is encountered in everyday life. In some areas, however, where there exists a student or employee with known or probable health problems, further analysis will have to be made.
- The care plans of individual students with special needs should indicate if they are suffering from an infectious disease that requires special precautions to be taken, especially if they require personal care. This would also apply to students who are unpredictable and violent. However, the confidentiality of the student's medical condition should be protected whenever possible.
- Immunisation advice to staff will cover some aspects of risk, as will training in sound hygiene practices such as washing and universal precautions (*see 2.2-2.3*).

2.1 Basic Hygiene Measures

- In all areas of the School it is important to observe good basic hygiene procedures. **Universal Infection Control Precautions** is an approach to infection control that assumes anybody might be infectious, even if they do not fall into an obvious risk group. Therefore, when dealing with any fluids, it is necessary to employ infection control measures.

2.2 Hand-washing

Effective hand washing is an important method of controlling the spread of infections, especially those causing diarrhoea and vomiting type illness. Therefore always wash hands after using the toilet and before eating or handling food using the following technique:

- a. Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used it is important that they are kept on a clean soap dish when not being used.
- b. Rub hands vigorously together until soapy lather develops and continue for at least 15 seconds ensuring that all surfaces of the hand are covered.
- c. Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels as they can harbour micro-organisms which can then be transferred from one person to person.
- d. Discard paper towels into a bin (pedal bins are preferable).
- e. It is important to ensure that hand basins are kept clean.

2.3 Disposal of Sharps

- Sharps are sometimes found discarded on School premises. Sharps include needles or syringes, scalpel blades, and razor blades etc. Used sharps will inevitably have

traces of blood on them. Therefore, it is important that they are not allowed to cut or penetrate the skin of another person after they have been used.

- Sharps' boxes are available and should be used to dispose of used needles, razor blades etc. A sharps' box will need to be available in all areas where there is a chance of discarded needles being discovered. (Medical room and caretakers office)

2.4 Cleaning-up body fluid spills

- a. Disposable gloves must be available and should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people. Plastic aprons should also be available and used where necessary. (In medical room and Preschool)
- b. Any cuts on the hands or arms should be covered with waterproof plasters.
- c. Clean the pupil (or staff member) and remove them from the immediate area.
- d. Isolate the area with signs, chairs, cones etc.
- e. The spillage should be covered with paper towels and soaked with 1 in 10 diluted bleach or one of the proprietary clean-up packs, which can be purchased for these circumstances, can be used. The proprietary brands are generally safer to handle and more appropriate on carpets and upholstery.
- f. Leave for 10 minutes or follow the instructions enclosed with proprietary brand.
- g. Clean up spillage.
- h. This can be disposed of by flushing down the toilet.
- i. The area should then be cleaned thoroughly with detergent and hot water using disposable cloths, and then wiped over using standard hypochlorite solution (bleach, Milton) following the manufacturer's instructions.
- j. Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly (*as described in 2.3 above*)

2.5 Accidental Contamination with Body Fluids

- Blood borne viruses do not invade the body through intact skin; they can however penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds (so-called "sharp issues" injuries).
- In the event of an accident with body fluids that results in possible contamination the following procedures should be followed:

IMMEDIATE ACTION by the person involved, first aider and manager:

- a. make the wound bleed for a few seconds, but do not suck the wound.
- b. wash the wound with soap and warm running water, do not scrub

- c. cover the wound
- d. conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- e. Report the incident to the Head Teacher and ask them to complete, with your help, an accident form as soon as possible. The accident form should note: whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

AS SOON AS POSSIBLE (WITHIN THE HOUR)

- a. Report the matter to your GP or the local emergency department.
- b. Take the accident form with you to the GP.
- c. If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
- d. However, if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- e. Blood should be taken and tested for Hepatitis B.
- f. The Consultant for Communicable Disease Control (CCDC) should be informed of the incident by the Head Teacher. If the person whose bodily fluids are involved is known, their details should be given to the CCDC.
- g. The Headteacher (or suitable deputy) should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

2.6 The Consultant in Communicable Disease Control (CCDC)

- The CCDC is responsible for dealing with outbreaks of communicable disease. The CCDC should be contacted (by phone initially) by the School then there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease. The CCDC will advise on all management aspects of the situation. This will include information to parents, students and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press.
- For the list of reportable diseases see Appendix 1

2.7 Training

- Training should be delivered to staff where there is an identified risk.
- Appropriate training will need to be identified for the different categories of infection risk that staff encounter in their particular jobs. Staff working entirely in

the School office are unlikely to require training. Cleaners, facilities staff and staff supporting pupils with special needs will require specific instruction in this area.

- Food handlers must attain the appropriate Food Hygiene Certificates as soon as possible after they are employed if they do not already hold these qualifications.

2.8 First Aid

- First Aid is an area that might expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider there is an element of infection control based on Universal Infection Control Precautions.
- Staff responsible for purchasing first aid materials should supply first aiders with suitable vinyl protective gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box (*see **Universal Infection Control Procedures** for further details*).

2.9 Immunisation

- Specific immunisation is not necessary for all staff in the context of their work. However, school staff have been identified as being at risk of specific infections, such as, Tuberculosis (TB), Rubella, Polio and Tetanus. Staff should be issued with advice when sent their pre-employment medical questionnaire.
- It is recommended that the Site Manager and all trained first aiders should have up to date tetanus vaccinations and also be offered Hepatitis B vaccinations.
- It is not considered necessary for the Hepatitis B or HIV/AIDS status of staff to be declared. If the Infection Control Procedures are set out in these Guidelines are followed there will be no risk to either students or other staff.

2.11 Contact with Animals

- Children and staff will have regular contact with animals in school (farm school, school dog or visiting animals). The school will ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use.
- Pond Dipping and Canoeing are activities that might bring students into contact with leptospirosis (Weil's Disease). This is a disease caused by contact with the urine of infected rats. The organism can penetrate skin, especially broken skin. Therefore, cover any abrasion with waterproof plasters and wash thoroughly after contact with pond or river water. Symptoms develop about ten days after contact and can include severe headache, severe muscle aches and tenderness, redness of the eyes, loss of appetite, vomiting and sometimes a skin rash. Anyone who has been in contact with pond or river water and subsequently develops any of these symptoms in the time

period should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

CONCLUSION

Basic good hygiene practice is the key to infection control in Schools and in areas of food preparation.

The inclusion of infection control issues in risk assessment, as well as training staff on induction and at suitable intervals thereafter will reduce the likelihood of infections being spread unnecessarily.

Appendix 1

List of Notifiable Diseases

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

The patient's physician would report the above diseases to the Consultant in Communicable Disease Control (CCDC)

The CCDC will advise the school of any action necessary.

If you require advice on any communicable disease, please contact the Consultant in Communicable Disease Control: Wessex Public Health England: 0344 225 3861.

Useful guidance

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

[http://www.publichealth.hscni.net/sites/default/files/Guidance on infection control in%20schools poster.pdf](http://www.publichealth.hscni.net/sites/default/files/Guidance%20on%20infection%20control%20in%20schools%20poster.pdf)