



Infection Prevention and Control Policy

Date: November 2025

Review date: November 2026

Approved by the Advisory Board: December 2025

Linked with school policies:

- Health and Safety
- Supporting Children with Medical Conditions
- Safe Administration of Medicines

Signed:

A handwritten signature in blue ink, which appears to be 'S. Day'.

Version Control

Version	Date of review/change(s)	Page and paragraphs affected	Summary of update
New policy	November 2022		
V2	November 2023	P5	Slight change in wording for recording of bite incidents ('Incident book')
V3	November 2024	P8 Self-isolation/exclusion	Added link and advice from DfE re. respiratory illness. Access to remote learning. Vulnerable students in isolation/exclusion and Safeguarding.
V4	November 2025	P3 Legal Framework	Public Health England replaced by UK Health Security Agency and Office for Health Improvement and Disparities
		P4 last paragraph re PPE	[Disposable gloves provided] added 'in all first aid bags/boxes'
		P5 Bodily Fluid Spillages	Support Manager changed to Operations Manager
		P7 Medication	Added re. Parental Agreement Form

Statement of intent

This policy aims to help all school staff prevent and manage infections in school, informing staff what steps to take to prevent infection and what actions to take when infection occurs.

Infections can easily spread in a school due to:

- Students' immature immune systems.
- The close-contact nature of the environment.
- Some students having not yet received full vaccinations.
- A lack 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 injury

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

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Supporting routine immunisation programmes
- Taking appropriate action 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: ('Health protection in schools'):

The UK Health Security Agency

<https://www.gov.uk/government/organisations/uk-health-security-agency>

and

The Office for Health Improvement and Disparities

<https://www.gov.uk/government/organisations/office-for-health-improvement-and-disparities>

Part of the Department of Health and Social Care.

- DfE 'Supporting students at school with medical conditions'

Ensuring a clean environment

Handwashing

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

Handwashing posters and instructions are posted in all toilet facilities around the school and in the staff and school kitchens.

Liquid soap dispensers are provided and maintained in all school toilet facilities.

Hand sanitiser dispensers are located at strategic points throughout the school and their use is actively encouraged for both staff and students.

Sanitary facilities

There are wall-mounted soap dispensers in all washrooms – bar soap is never used.

Toilet paper is always available in cubicles.

Suitable sanitary disposal facilities are provided in all female/gender neutral toilets.

Spare underwear in various sizes is kept in school for emergency provision.

A wide choice of sanitary protection is provided as required.

Laundry

We have laundry facilities (located in the staff kitchen) for emergency use or as required;

Any soiled linens are washed separately from any other laundry. All soiled laundry should be handled wearing protective gloves.

Cleaning

Appropriately trained cleaning staff are employed to carry out rigorous cleaning of the premises on a daily basis.

Cleaning equipment is maintained to a high standard and where necessary is colour coded according to area of use (eg. Mop heads, cleaning cloths).

Antibacterial surface cleaner is used throughout the school, with particular care given to common 'touch points' – door handles, light switches, handrails etc.

Blood and other bodily fluids

In the event of any minor injury/cuts/abrasions, the student or staff member should report to the medical room to obtain appropriate dressings.

Latex-free plasters are provided in the medical room, in all first aid boxes throughout the school and in all school vehicles. Blue coloured plasters must be used by any staff or students handling or working with food.

When coughing or sneezing, all staff and students 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. Boxes of disposable tissues are available in classrooms and other offices throughout the school.

Personal protective equipment (PPE) should be worn where there is a risk of contamination with blood or bodily fluids during an activity and for any First Aid provision in the event of cuts/abrasions. Gloves are available in the medical room and in all first aid bags/boxes (various sizes, disposable, powder-free, latex-free). Face masks and disposable aprons are also available in the medical room.

Spillages of blood, urine, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. (See **Body Fluid Spillage** below for full procedure).

Body Fluid Spillage

Blood and body fluids (e.g. urine, faeces, vomit, saliva, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both yourself and others from the risk of cross infection. In order to minimize the risk of transmission of infection both staff and students should practice good personal hygiene and be aware of the procedure for dealing with body spillages. This information is to be used in conjunction with Public Health England: Guidance on infection control in schools and other childcare settings.

Body Fluid Disposal Kits are available at All Saints School reception, in the First Aid Room and in the Accessible Toilet in the main school building.

Staff are advised to contact the Caretaker/Operations Manager so that they can arrange for the area to be cleaned appropriately, but the initial clean-up of the situation should be carried out by the person(s) who is at the scene of the incident:

Body Fluid Spillage Clean-Up Procedure

1. Cordon off the area until clean-up is completed.
2. Put on disposable gloves from the nearest First Aid kit.
3. Use Biohazard clean up Kits on the affected area and allow the spill to absorb. (These are stored in the medical room and Accessible toilet).
4. Wipe up the spill using these and then place in a bin (which has a bin liner).
7. If the spillage has been quite extensive then the area may need to be closed off until it can be cleaned correctly.
8. The area must be cleaned with disinfectant following the manufacturer's instructions.
9. An appropriate hazard sign needs to be put by the affected area.
10. The area should be ventilated and left to dry.
11. All reusable cleaning equipment needs to be appropriately disinfected according to the manufacturer's instructions.
12. Anyone involved in cleaning up the spillage must wash their hands.

Please note that:

- The bin that has had the soiled paper towels put in needs to be tied up, double bagged and put in an outside black bin.
- Any article of clothing that has been contaminated with the spill should be wiped clean and then put in a plastic bag and tied up for the parents to take home.
- Any soiled wipes, tissues, plasters, dressings etc. must be disposed of in (double bagged and placed in the outside black bins). If not available, then the gloves being used need to be taken off inside out so that the soiled item is contained within them. This can then be double bagged and disposed of appropriately.

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 should be cleaned with soap and running water, the incident recorded in the Incident Record log - and on CPOMS if a student is involved - and medical advice sought immediately.

Student immunisation

- The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/. The NHS Vaccination Team contacts the school to arrange relevant upcoming vaccination programmes.

Water-based activities / Swimming lessons

Students who have experienced vomiting or diarrhoea in the week preceding the lesson are not permitted to attend public swimming pools.

Preventing the spread of infection

Parents and carers are asked not to send their child to school if:

- The child has untreated conjunctivitis
- The child has a high temperature/fever
- The child has been vomiting and/or had diarrhoea within the last 48hours (unless an alternative agreement is in place between school and parents/carers)
- The child has an infection and the minimum recommended exclusion period has not yet passed.

Vulnerable students

Students 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 students. These students may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

Parent/carers 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 parent/carers will be informed and encouraged to seek medical advice from their doctor or specialist.

Procedures for unwell students and staff

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

- Increased temperature or cough
- Not eating
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin
- General malaise
- Development of a rash

Where a First Aider identifies a student as unwell:

- The student's parent/carer will be informed of the situation as will the Head Teacher.
- A First Aider or other staff member will monitor the student.
- It may be decided that the student's parent/carer is contacted for them to be collected from school.
- Emergency medical help will be summoned if required.

If a student is identified with sickness and diarrhoea, the student's parent/carers will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms (unless an alternative agreement is in place between school and parents/carers). If the school is unable to contact a student's parent/carers in any situation, the student's alternative emergency contacts will be contacted.

Any heavily soiled clothing should be removed and replacements offered from the school supply. Soiled clothes should be placed in a bag to be returned home with the student.

Incidences of students sustaining injury or illness are recorded on the school CPOMs system. In the event of more serious incidences or injury resulting in possible hospital attendance, all details are also recorded in the student accident/incident books.

Any incidents/accidents involving staff are recorded in the relevant accident/incident book.

Medication

Where a student has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose should be given at home, in case the student has an adverse reaction.

All medication sent to school with a student must be accompanied by a Parental Agreement form, detailing the medication, dosage, time to be given etc.

All medicine provided in school will be stored and administered in line with the school Safe Administration of Medication Policy.

Outbreaks of infectious diseases

An incident is classed as an 'outbreak' where:

- a. Two or more people experiencing a similar illness are linked in time or place.
- b. A greater than expected rate of infection is present compared with the usual background rate, e.g. Two or more students in the same classroom are suffering from vomiting and diarrhoea; 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

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

will always be reported. As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will contact the HPT (Health Protection Team) to discuss the situation and agree if any actions are needed.

The Headteacher 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 Headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the Health Protection Team (HPT).
- The HPT will provide the school with draft letters and factsheets to distribute to parent/carers.
- The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parent/carers 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 Headteacher for further advice.
- If a parent/carer informs the school that their child carries an infectious disease, other students will be observed for similar symptoms by their teachers and other school staff.
- A student returning to the school following an infectious disease will be asked to contact the Headteacher.
- If a student is identified as having a notifiable disease, as outlined in the guide to Infection Absence Periods, the school will inform the parent/carers, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.
- During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The Headteacher or Director of the School will liaise with the cleaner to ensure these take place.

Self-isolation/exclusion due to infection prevention

- Students suffering from infectious diseases will be asked to self-isolate from school on medical grounds for the minimum recommended period.
- The Headteacher can take the decision to refuse a student's attendance at school if, in their reasonable judgement, it is necessary to protect other children and staff from possible infection.
- If a student 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.

Detailed guidance is also provided under UK Government publications:

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

The [DfE recommends](#) that parents/carers can send their child to school if they have a mild respiratory illness. This includes general cold symptoms such as a minor cough, runny nose or sore throat.

However, a child shouldn't be sent to school if they have a temperature of 38°C or above.

If required, students may have access to remote learning (eg. Google classrooms) as soon as reasonably practicable following an exclusion.

If a student is already known to be vulnerable to neglect, abuse or exploitation, and exclusion may increase this vulnerability, notify the appropriate agencies or individuals involved in safeguarding the child or young person.

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/shingles/measles/Rubella/Slapped cheek (ParvovirusB19) disease: If a pregnant staff member believes they have been exposed to any of these viruses she must to speak to her midwife or GP as soon as possible.

Staff handling food

Food handling staff suffering from transmittable diseases will be excluded from all food handling activity (with further advice being sought from the local Environmental Health Officer) until they are clear to return to work. Kitchen/Food handling staff are not permitted to attend work if they are suffering from diarrhoea and/or vomiting and should not 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. 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

Monitoring and review

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