



Infection Control

September 2025

Date of Next Review: September 2026

Person Responsible: Ms Sarah Hooton

Old Park School

1. Rationale

Old Park School wishes to promote good hygiene procedures and prevent the spread of infections by ensuring routine immunisations have been undertaken, high standards of personal hygiene and practice take place, particularly hand washing and that a clean school environment is maintained.

Staff are encouraged to model good hygiene practices throughout the school day. Class teams should ensure that adequate time is given within the timetable to allow pupils to take part in and practise effective hygiene routines.

2. Good Hygiene Practices

Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels. Always wash hands after using the toilet, before eating or handling food, after undertaking personal care and handling animals. Cover cuts and abrasions with water proof dressings.

Instructions for handwashing best practice are displayed in toilets and classrooms. See appendix 1.

Staff should also use make use of the hand sanitiser available throughout school where needed.

Coughing and Sneezing

Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue, wash their hands after using or disposing of tissues. These are provided by the school and staff should ensure a box is always available in each classroom. Spitting should be discouraged. The site manager will maintain and order new stocks.

Old Park School promotes the NHS 'Catch it, Bin it, Kill it' campaign. See appendix 2.

Cleaning of Blood and Body Fluid Spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear protective equipment). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturer's instructions to ensure it is effective against bacteria and viruses and suitable for use on the affected surface. NEVER use mops for cleaning up blood and body fluid spillages. Use disposable paper towels and discard in clinical waste (yellow bags) which can be found in all toilet and care areas. In the first instance contact the site manager for assistance.

Unused bags and vomit bowls can be obtained from the site manager.

Ensure the site manager and cleaners know if a particular area needs in depth cleaning which should happen the same day.

Equipment and Resources

Equipment handled by pupils or placed in their mouths e.g. communication aids, iPads, toys, soft cushions, pillows, special seating/standers and acheeva beds should be checked daily and either wiped down with antiseptic wipes or if possible washed.

Outdoor toys should be checked regularly and kept clean, sand pits should be kept covered and water should not be allowed to collect in objects. Fresh water should always be used in water play and container emptied after use. Outdoor toys should be stored in outdoor containers or storage boxes where possible.

Laundry

Laundry should be dealt with in a separate dedicated facility. At Old Park School there are separate laundry rooms within each phase. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen. Soiled children's clothing should be bagged to go home, never rinse by hand. Spare bags can be obtained from the site manager.

Personal Protective Equipment (PPE)

Disposable non-powered vinyl gloves and disposable plastic aprons are provided and must be worn where there is a risk of splashing or contamination with blood/body fluids (e.g. nappy or pad changing). In addition, masks and face shields are available. Correct PPE should be used when handling cleaning chemicals. Gloves and aprons can be found in all toilet/care areas, and stocks should be maintained by the site manager.

Sharps Injuries and Bites

If the skin is broken following a sharp injury or bite, make wound bleed/wash thoroughly using soap and water. Contact GP or go to Accident and Emergency immediately, advice can be sought from Health Protection Unit, remember to complete an accident report, documents to be found in reception.

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 by mouth and with conditions which seriously reduce immunity; thalassaemia and respiratory conditions. They are particularly vulnerable to chicken-pox or measles and if exposed to either of these the family should be informed promptly and further medical advice sought. These children would also be at risk if they came into close contact with shingles and had not already had chicken-pox.

3. Infectious Diseases

The risk of becoming infected with viruses is effectively reduced by following strict hygiene measures.

Hands must be cleaned:

- When arriving and leaving the workplace
- When arriving at home from work or outside activities
- Before and after direct contact with contaminated surfaces
- After contact with body secretions
- After removing protective working clothing and gloves
- After handling soiled items

- After supporting lunch time play and before supporting students in the dining hall
- Before handling food
- Before touching your mouth, nose or eyes
- Before eating
- Staff and pupils should wash hands before commencing a cooking session

Recommended Absence Period for Preventing the Spread of Infection

Old Park School will follow the recommended exclusion periods outlined by Public Health England. This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

This can be found in appendix 3.

More information can be found at <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases>

4. Suspected Outbreak or Incident

An outbreak or incident may be defined in epidemiological terms as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

If an outbreak or incident is suspected, Old Park School will review and reinforce the baseline infection prevention and control measures already in place.

This will include:

- encouraging all staff and pupils who are unwell not to attend the setting.
- ensuring all eligible groups are enabled and supported to take up the offer of [national immunisation](#) programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning
- considering communications to raise awareness among families of the outbreak or incident and to reinforce key messages, including the use of clear hand and respiratory hygiene measures

Education and childcare settings may consider seeking specialist advice from the relevant UKHSA HPT if they are concerned and have seen:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory infection or diarrhoea and vomiting
- evidence of severe disease due to an infection, for example if a pupil, student, child or staff member is admitted to hospital
- more than one infection circulating in the same group of students and staff for example chicken pox and scarlet fever

Education and childcare settings are also asked to contact their UKHSA HPT as soon as possible to report any outbreak or serious or unusual illness for example:

- E.coli 0157 or E coli STEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningococcal meningitis or septicemia
- scarlet fever (if an outbreak or co-circulating chicken pox)
- tuberculosis (TB)
- typhoid
- whooping cough (also called pertussis)

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

More information and guidance can be found at

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

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

<https://www.dudley.gov.uk/residents/learning-and-school/infection-control-advice-for-schools-and-other-childcare-settings/>

<https://www.england.nhs.uk/south/info-professional/public-health/infection-winter/schools-and-nurseries-guidance/>

Old Park School understands the importance of safely obtaining and storing personal data and is committed to following all aspects of UK General Data Protection Regulations (GDPR). All information gathered and held in respect of this policy will be protected in line with current General Data Protection Regulations and the Data Retention Policy.

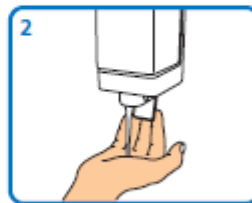
This policy will be reviewed annually.

Ms Sarah Hooton, November 2024

Hand-washing technique with soap and water



Wet hands
with water



Apply enough soap
to cover all
hand surfaces



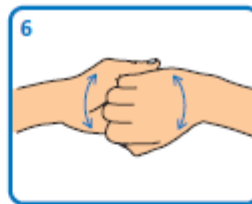
Rub hands palm
to palm



Rub back of each hand
with palm of other hand
with fingers interlaced



Rub palm to palm with
fingers interlaced



Rub with back of fingers
to opposing palms with
fingers interlocked



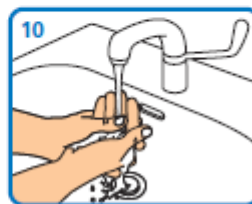
Rub each thumb clasped
in opposite hand using a
rotational movement



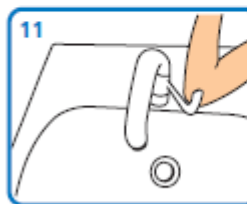
Rub tips of fingers in
opposite palm in a
circular motion



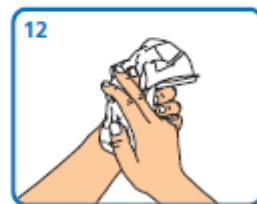
Rub each wrist with
opposite hand



Rinse hands
with water



Use elbow to
turn off tap



Dry thoroughly with
a single-use towel

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



Appendix 3

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

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

Infection	Exclusion period	Comments
	not attend the setting for 3 days after the day of the test	
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances

Infection	Exclusion period	Comments
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination.

Infection	Exclusion period	Comments
		Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed

Infection	Exclusion period	Comments
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses

Infection	Exclusion period	Comments
		and do not need or respond to an antibiotic treatment
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB)</p> <p>Exclusion not required for non-pulmonary or latent TB infection</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread</p> <p>Your local HPT will organise any contact tracing</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks.</p> <p>Your local HPT will organise any contact tracing</p>