



Hart Hill Nursery School

Infection Control Policy

Updated Autumn Term 2023

Ratified by SLT on 17/11/2023

Signed 

To be updated Autumn Term 2026



Rationale

At Hart Hill Nursery School, we understand that infections can easily spread in a school due to children's immature immune systems, the close contact nature of the environment, children not having yet received full vaccinations or due to poor hygiene practices in such young children. This policy has been devised to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

Aims

The aim of this policy is to:

- Ensure staff have a clear procedure to follow should an infection be suspected in a child that attends the school
- Make sure parents are aware of preventative measures in place in the school to support a clean environment
- Highlight the importance of immunisations with young children and staff
- Have a clear list of infectious diseases, including common symptoms, considerations and any Public Health exclusion periods

Types of Infection

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 eg skin on skin contact

Gastrointestinal Spread – Contact with contaminated food or water, or contact with infected faeces or unwashed hands

Blood Bone Virus Spread – Contact with infected blood or bodily fluids eg via bites

Preventative Measures

Sanitary Facilities

All toilets have wall mounted soap dispensers, which are checked and refilled each night by the cleaning staff. All toilets have toilet paper available and all bathrooms have paper towels for drying hands. Staff toilets have sanitary disposal facilities as required, which are regularly changed by an outside contractor and removed from site for hygienic disposal.

Nappy Changing Areas

There is a designated changing area that is separate from play, food or drink facilities. Children's skin is cleaned with disposable wipes and all nappy creams or lotions are clearly named with each child's name, when needed.

Changing beds are lined with disposable paper before being used and are wiped down with lime disinfectant or a baby wipe after each use. If a mat is visibly soiled it is cleaned

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thoroughly with hot soapy water. Changing beds are checked weekly by the site agent for tears or damages and any concerns are raised with the School Business Manager.

The sink in the caretaker's cleaning cupboard is used to clean potties. Potties are washed in hot, soapy water, dried and stored upside down in each changing area. Disposable gloves must be worn when cleaning potties and thrown away after use.

Staff are aware to clean their hands in the changing area, before and after changing children and soiled nappies are disposed of in their designated bin; gloves are available for staff use.

Laundry

All laundry is washed in a separate dedicated room, with any soiled items/linens washed separately to dirty items. Staff members are aware to wear gloves when preparing soiled/dirty laundry. Hands are washed thoroughly once gloves are removed.

Cleaning of Premises

The cleaning team are responsible to ensure that they carry out rigorous cleaning of the school premises, especially food preparation areas and bathroom areas. Cleaning equipment is maintained to high standard, overseen by the Site Agent. The Site Agent and School Business Manager are responsible for monitoring cleaning standards and discussing any issues that may arise with the cleaning procedures.

Toys and Equipment

A written schedule is in place to ensure that toys and equipment are cleaned on a regular basis (most toys are used for a week within a classroom and are cleaned prior to returning to the store rooms). Toys that are 'soft', such as modelling clay or playdough are discarded whenever they look dirty.

Indoor sand pits are covered when not in use and are changed regularly (at least every six weeks).

Indoor water trays are emptied, washed with disinfectant, dried and stored when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the tray is emptied at the end of each day and not left over night.

Handwashing

All staff and children are advised to wash their hands after using the toilet, before eating or handling food, after touching animals and after playing in the garden.

Blood and other Bodily Fluids

Cuts and abrasions are covered with allergy free waterproof plasters. When coughing or sneezing, all staff and children are encouraged to cover their nose and mouth with a

disposable tissue and dispose of this in a bin after use. Everyone is encouraged to wash their hands afterwards.

Personal Protective Equipment (PPE) is worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered, latex free and CE marked. If there is a risk of splashing to the face, masks are available for staff to wear.

Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned, using disinfectant (or soapy water where this is not readily available). Paper towels or disposable cloths must be used, PPE must be worn and all soiled equipment must be disposed of after use.

Bites

If a bite does not break the skin, the affected area is cleaned with soap and running water. If a bite breaks the skin, the affected area is cleaned with soap and running water and medical advice is sought immediately. All incidents of biting are recorded on Cpoms system, under the child's name

Pupil Immunisation

The school keeps up to date with national and local immunisation scheduling and advice via the Family Working Team. Whilst the school encourages parents to have their children immunised at the correct age according to the NHS guidelines, we understand that this is parental choice.

Staff Immunisation

All staff will undergo a full occupational health check prior to employment, which confirms they are up to date with their immunisations. The school understands that staff should, in particular, be aware of the following immunisations when working with children:

- Hepatitis B – This is not recommended for all staff, even if they are in routine contact with infected children, however where staff are involved with the care of children with severe learning disabilities or challenging behaviour, the school encourages this immunisation
- Rubella – Female staff, of childbearing age, are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy

In the event of infection

Preventing the spread of infection

Parents will be asked not to bring their child to school in the following circumstances:

- The child shows signs of being poorly and needing one-to-one care
- The child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
- The child has untreated conjunctivitis
- The child has a high temperature or fever
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period (appendix 1) has not yet passed

Vulnerable Children

Children 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 these children. They may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

It is the parent's responsibility to inform the school if a child is deemed 'vulnerable' under these descriptions. If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and the family will be encouraged to seek medical advice from their doctor or specialist.

Procedures for unwell children/staff

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

- Not being themselves
- Not wanting snack or lunch, when they normally would
- Wanting more intimate attention than normal
- Asking to sleep
- Displaying physical signs of being unwell, such as watery eyes, clammy skin, very pale

Where a staff member identifies a child is unwell, the child is taken to a first aider, who will take their temperature and the child's parents will be called by a member of the school office. Staff will:

- Attempt to cool the child down if they are too hot, by opening windows and asking the child if they want to remove the top layer of clothing
- Provide the child with a drink of fresh water
- Move the child to quieter area of the classroom
- Ensure there is a staff member available to comfort and observe the child at all times
- Summon emergency medical help immediately, via walkie talkie system, if required

Children displaying any of the signs of becoming unwell outlined above will be sent home and it will be recommended they see a doctor. If a child is identified with sickness and diarrhoea, the child's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms. If the school is unable to contact a child's parents in any situation, the child's alternative emergency contacts will

be contacted. It is the responsibility of the parent to ensure these are up to date at all times with relevant people.

Staff members are responsible for their decisions with regards to feeling unwell, following the school's sickness procedure.

Contaminated Clothing

If the clothing of the first aider or a child becomes contaminated the clothing is removed as soon as possible, and placed in a plastic bag. The child's clothing is sent home with the child and parents are advised of the best way to launder the clothing.

First aiders are recommended to have a spare set of clothes, in case needed to be changed; in an emergency, staff will be allowed home to change, if the legal ratios of staff to children are covered.

Exclusion

Children suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period. Children can be formally excluded for this period of time by the Headteacher. If parents insist on their child returning to school when the child still poses a risk to others, this becomes a safeguarding concern and will be dealt with by the Family Working Team and relevant Local Authority agencies.

Medication

Where a child has been prescribed medication by a doctor, dentist or nurse, the first dose will be given at home, in case the child has an adverse reaction. Children will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect. All medicines provided in school will be administered in line with the Administering Medication Policy.

Outbreaks of Infectious Diseases

An incident is classed as an 'outbreak' where:

- Two or more people experiencing a similar illness are linked in time or place
- A greater than expected rate of infection is present compared with the usual background rate eg
 - Two or more children in the same classroom are suffering from vomiting and diarrhoea
 - A greater number of children than usual are diagnosed with scarlet fever
 - There are two or more cases of measles in the school

Suspected outbreaks of any of the diseases listed on the Notifiable Diseases List will always be reported. As soon as an outbreak is suspected (even if it cannot be confirmed), the Headteacher will contact the HPT 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 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 HPT. The HPT will provide the school with draft letters and factsheets to distribute to parents, where these are needed. They will always treat outbreaks in the strictest confidence; therefore information provided to parents during an outbreak will never include names or other personal details.

If a parent informs the school that their child carries an infectious disease, other children will be observed for similar symptoms by the class team. If a child is identified as having a notifiable disease, the school will inform the parents, who should inform their 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 School Business Manager will liaise with the Site Agent to ensure this takes place.

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 recommend her to speak to her doctor or midwife. Additional advice is as follows:

- **Chickenpox** – If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will need to speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to have a blood test.
- **Measles** – If a pregnant staff member is exposed to measles, she will inform her midwife immediately.
- **Rubella (German measles)** – If a pregnant staff member is exposed to rubella, she will need to inform her midwife immediately.
- **Slapped Cheek Disease (Parvovirus B19)** – If a pregnant staff member is exposed to slapped cheek disease, she will need to inform her midwife promptly.

Staff Handling Food

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, including Midday Supervisors, 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, such as impetigo, septic skin lesions, exposed infected wounds, boils etc
- E.Coli VTEC Infection

Formal exclusions will be issued where necessary and the school will follow the Sickness Absence Procedures, where staff are seen to be off work with these infections.

Monitoring and Review

All member of staff are required to familiarise themselves with this policy. The Headteacher is responsible for reviewing this policy on a regular basis and will make necessary changes, taking into account the current effectiveness of infection control and prevention. The Governing Body is responsible for ensuring that this policy is upheld and followed, through reviews in school and reports to the committee via the Safeguarding Governor.