



Health Protection in School Policy

Last Updated: October 2024

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Statement of intent

Infections can easily spread in a school due to:

- Pupils' undeveloped immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding 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 used needles.

The school actively prevents the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs

This policy aims 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.

Chapter 1: Legal Framework

This Policy has due regard to legislation including, but not limited to, the following:-

- Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health & Safety at Work Regulation 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Health Protection (Notification) Regulations 2010
- The Health Protection (Local Authority Powers) Regulations 2010

This Policy has due regard to statutory guidance including, but not limited to, the following:-

- UK Health and Security Agency (2023) 'Health protection in children and young people settings, including education'
- DfE (2015) "Supporting pupils at school with medical conditions"

This Policy operates in conjunction with the following school policies and documents:-

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy
- Animals in School Policy
- First Aid Policy
- Head Lice Policy
- Swimming Risk Assessment
- Bodily Fluids Risk Assessment

Preventative Measures

Chapter 2: Ensuring a clean environment

Handwashing

The school will ensure all staff and pupils have access to liquid soap, warm water and paper towels. Staff will check, encourage and supervise handwashing where appropriate.

All staff and pupils will be advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals.

Cleaning

All cleaning staff will be appropriately trained and appropriate PPE, e.g. gloves, aprons and surgical masks, will be available. The site manager will devise a cleaning schedule that clearly describes the activities required, the frequency of cleaning and who will carry out which activities. Cleaning standards will be regularly monitored to ensure effectiveness and that all areas or surfaces in contact with food, dirt or bodily fluids are regularly cleaned and disinfected.

A cleaning contractor will be employed to carry out rigorous cleaning of the premises. Cleaning equipment will be maintained to a high standard and is colour coded according to area of use. The SBM will be responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.

Sanitary facilities

Wall-mounted soap dispensers will be used in all toilets – bar soap is never used.

A foot-operated waste-paper bin will be available where disposable paper towels are used.

Toilet paper will always be available in cubicles. Suitable sanitary disposal facilities will be provided where necessary, including where there are female staff and pupils aged nine and above.

Nappy changing areas

A designated changing area will be established away from play facilities and food and drink areas, and with appropriate hand washing facilities.

Children's skin will be cleaned with disposable wipes, and nappy creams and lotions will be labelled with the relevant child's name and not shared with others.

Changing mats will be wiped with soapy water or a mild detergent wipe after each use. If a mat is visibly soiled, it will be cleaned thoroughly with hot soapy water at the end of the day. Mats will be checked on a weekly basis for tears and damage, and replaced if necessary.

Hand wash basins are not used for cleaning potties, and instead staff will use a designated sink located in the area where potties are used. Potties will be washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves will be used to flush waste down the toilet. Rubber gloves will be washed after use whilst still being worn and dried, and the wearer will wash their hands afterwards.

Soiled nappies will be disposed of in the general school waste inside a wrapped plastic bag

Continence aid facilities

Pupils who use continence aids, e.g. continence pads and catheters, will be encouraged to be as independent as possible. Pads will be changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron will be worn.

Laundry

All laundry will be washed in a separate dedicated facility, and any soiled linens will be washed separately.

Manual sluicing of clothing will not be permitted, and gloves and aprons will be worn when handling soiled linen or clothing. Hands will be thoroughly washed after gloves are removed.

Ventilation

Indoor spaces will be kept well-ventilated to help reduce the amount of respiratory germs. Areas of the school where there may be poor ventilation will be identified, e.g. through the use of CO2 monitors, and appropriate action taken, e.g. partially opening windows and doors to let fresh air in. The need for increased ventilation will always be balanced against the need to maintain a comfortable temperature for staff, pupils and visitors.

Toys and equipment

When purchasing toys, the school will ensure they all carry a BS, BSI or CE mark and that, where possible, they can be easily cleaned. Toys will be stored in clean containers. Pupils will not be allowed to take them into toilet areas. Toys that are "soft", e.g. modelling clay, will be discarded whenever they look dirty.

Water play troughs will be emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water will be replenished, at a minimum, on a daily basis, and the trough will remain covered overnight.

Managing cuts, bites, and bodily fluid spills

Standard precautions will always be taken when dealing with any cuts and abrasions.

Any spillages of blood, faeces, saliva, vomit, or nasal discharges will be cleaned immediately in line with the Bodily Fluids Risk Assessment - the school spillage kit is stored in

PPE will be worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. If there is a risk of splashing to the face, disposable eye protection, or reusable eye protection that is decontaminated prior to next use, will be worn.

Cuts and abrasions will be cleaned under running water or using a disposable container with water and wipes. The wound will be carefully dabbed dry then covered with a waterproof dressing or plaster. The dressing will be changed as often as is necessary. Staff will wear disposable gloves when in contact with any accident or injury, e.g. washing grazes, or dressing wounds.

If a pupil suffers a bite or scratch that does not break the skin, the affected area will be cleaned with soap and warm running water. If a bite, scratch or puncture injury breaks the skin or may have introduced someone else's blood, the affected area will be washed thoroughly with soap and warm running water, the incident will be recorded in the pupil accident log, the wound will be covered with a waterproof dressing, and medical advice sought immediately.

When coughing or sneezing, all staff and pupils will be encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.

Safe management of waste – including sharps

The school will ensure that all waste produced is dealt with by a licensed waste management company.

Any PPE used will be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

Injuries incurred through sharps found on school grounds will be treated in line with the school's Health and Safety Policy. All sharps found on school premises will be disposed of in the sharps bin whilst wearing PPE.

Chapter 3: Pupil immunisation

The school will support school-based immunisation programmes by hosting school nurses and School Age Immunisation Services (SAIS) and helping them with various aspects of the vaccination process, including:

- Providing space and time in the timetable for vaccination.
- Reminding staff and pupils about the date of the immunisation session(s).
- Sharing information leaflets and consent forms with pupils.

Providing a list of eligible pupils and their parent contact details to the SAIS team

The school will work with local health professionals to signpost parents to where they can book coronavirus (COVID-19) vaccination appointments for pupils online, at a vaccination centre or pharmacy, or at a local walk-in centre without an appointment.

The school will work with local health services and SAIS teams to ensure the effective planning and delivery of the immunisation service. Prior to vaccination visits, the school will:

- Communicate with pupils and parents to support consent and uptake.
- Encourage parents or staff who may be concerned or require additional guidance to speak to their health visitor, school nurse, or GP.
- Encourage parents to return the consent form, highlighting that if the consent deadline is missed, the SAIS team may not have enough vaccines for everyone who would like one on the day.

On immunisations days, the school will:

- Ensure that the SAIS team can access the agreed space before the school day starts so they can set up.
- Provide, if possible, access to a power supply with extension cables and anti-trip mats, separation screens, defibrillator, gym mats, tables and chairs.
- Allow pupils to wear loose-fitting short-sleeved tops on the day of vaccination.
- Identify and support pupils who may find the procedure stressful, in partnership with the school nurse.
- Make every effort to contact parents and seek their verbal consent if a pupil wishes to be vaccinated and a consent form has not been returned.
- Help to keep disruption and noise to a minimum.
- Ensure a steady flow of pupils throughout the school day.
- Remove any household waste generated on the day.
- Avoid any unscheduled fire drills and so on to be scheduled on the same day as vaccinations.
- Monitor pupil health and report any side effects or ill health to the healthcare team who administered the vaccination.

The school will permit time off for pupils to receive immunisations, where necessary.

The school will notify its regional DfE team of any anti-vaccination activity, e.g. campaign letters and emails spreading misinformation about vaccination programmes. Only information from trusted sources, e.g. the NHS, and where its authenticity is assured will be shared by the school.

Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

Chapter 4: Staff immunisation

Staff will be encouraged to check their immunisation records and contact their GP practice if they are unsure if they are up to date or if they need to catch up.

For measles, mumps and rubella (MMR) and hepatitis B the school will take the following position:

MMR vaccination: The MMR vaccine is the safest and most effective way to protect against measles, mumps, and rubella, which are viral infections that can quickly spread and cause outbreaks. School will liaise with staff to ensure they have had two doses of the MMR vaccine. Female staff of childbearing age will be encouraged to check their immunisation status and contact their GP for any further medical advice.

Hepatitis B: The hepatitis B vaccine is recommended for staff who are involved in the care of individuals with severe learning disability or challenging behaviour who live in institutional accommodation. In all circumstances the school will undertake an occupational health risk assessment and pay for the vaccine if it is required.

Where necessary, staff will be permitted time off to receive any advised immunisations.

Chapter 5: Water-based activities

Swimming lessons

General swimming lessons will be governed by the control measures outlined in our Swimming Risk Assessment.

Pupils who have experienced vomiting or diarrhoea preceding the lesson will not be permitted to attend public swimming pools until two weeks after the end of symptoms.

Other activities

Alternative water-based activities will only be undertaken at reputable centres.

Pupils and staff will cover all cuts, scratches and abrasions with waterproof dressings before taking part and wash their hands immediately after the activity. No food or drink will be consumed until hands have been washed.

After canoeing or rowing, staff and pupils will immediately wash or shower.

If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, the school will encourage them or their parents to seek medical advice and inform the treating doctor of their child's participation in these activities.

In the event of infection

Chapter 6: Preventing the spread of infection

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

- The child shows signs of being unwell and needing one-to-one care
- The child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
- 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 recommended exclusion period stated in the ['Managing specific infectious diseases'](#) section has not yet passed

Chapter 7: Vulnerable pupils

Pupils with impaired immune defence mechanisms, known as immunosuppressed, are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, e.g. chemotherapy, that has a similar effect.

The school nurse will be notified if a pupil is "vulnerable". Parents are responsible for notifying the school if their child is vulnerable.

If a vulnerable pupil is thought to have been exposed to an infectious disease, the pupil's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

Chapter 8: Procedures for unwell pupils and staff

Staff will be required to know the warning signs of pupils becoming unwell including, but not limited to, the following:

- Not being themselves
- Not eating, e.g. at break and lunchtimes
- Wanting more attention or sleep than usual
- Displaying physical signs of being unwell, e.g. watery eyes, a flushed face or clammy skin

Where a staff member identifies a pupil as unwell, the pupil will be taken to the school office and the pupil's parents informed of the situation.

When necessary, staff will:

- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing.
- Provide the pupil with a drink of water.
- Move the pupil to a quieter area of the classroom or school.
- Ensure there is a staff member available to comfort the pupil.
- Summon emergency medical help if required.

Pupils and staff displaying any of the signs of becoming unwell outlined above will be sent home, and the school will recommend that they see a doctor.

If a pupil is identified with sickness and diarrhoea, the pupil'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 a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Contaminated clothing

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

Contaminated clothing will be washed separately in a washing machine, using a pre-wash cycle on the hottest temperature that the clothes will tolerate.

Chapter 9: Exclusion

Pupils and staff who are showing the symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test will be advised to stay away from the school for the minimum period recommended, if required, and until well enough.

The school will follow the recommendations of the UKHSA in determining the minimum required period for staff and pupils to stay away from school following an infection, as laid out in [appendix B: infection absence periods](#).

The school will expect parents to agree that, if their child is unwell and has symptoms of an infectious illness, such as a fever, they should not attend the school, given the potential risk to others.

If a parent insists on a pupil with symptoms attending the setting, where they have a confirmed or suspected case of an infectious illness, the school will take the decision to exclude the pupil from school – on medical grounds - if, in the school's reasonable judgement, it is necessary to protect other pupils and staff from possible infection.

For some infections, individuals may be advised to remain away from school for a longer period of time and school will follow any advice received from the local health protection team (HPT).

If a pupil or member of staff is a close contact of someone unwell with an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local HPT may advise on specific precautions to take in response to a case or outbreak.

The school will seek to provide remote education where a pupil is well enough to participate in it.

The school is aware that exclusion may cause challenges for parents due to unexpected time off and, that some children may become vulnerable to domestic abuse or neglect during times where they would usually be at school. When recommending exclusion on public health grounds, the school will work with their HPT to consider any adverse effects or hidden harms a pupil may be exposed to by imposing isolation, and staff will be alert and proactive in sharing information as early as possible.

The school is aware that exclusion on public health grounds may cause some pupils or staff members to feel isolated or anxious. In such situations, the school will signpost them to mental health and wellbeing support services.

Chapter 10: Medication

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

The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect.

All medicine provided in school will be administered in line with the Administering Medication Policy.

Chapter 11: 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, or a greater than expected rate of infection is present compared with the usual background rate, such as:

- Two or more pupils in the same classroom are suffering from vomiting and diarrhoea.
- A greater number of pupils than usual is diagnosed with scarlet fever.
- There are two or more cases of measles at the school.

Where an outbreak is suspected (even if it cannot be confirmed), the headteacher will promptly contact the HPT to discuss the situation and agree if any actions are needed. The school will support the HPT's identified control measures with clear and prompt communication with parents and rapid coordination of arrangements, e.g. staff immunisation.

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

The HPT will provide the school with draft letters and factsheets to distribute to parents.

The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents 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 school nurse for further advice.

If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers and the school nurse.

A pupil returning to the school following an infectious disease will be asked to contact the school nurse.

If a pupil is identified as having a notifiable disease, as outlined in [Infection Absence Periods appendix](#), the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local UK Health Security Agency centre.

During an outbreak, enhanced or more frequent cleaning protocols may be undertaken, in line with provided by the local HPT. The SBM will liaise with the cleaning contractor to ensure these take place.

Under the Health Protection (Notification) Regulations 2010, the school will always report instances of the following diseases to the HPT:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia

- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Chapter 12: Pregnant staff members

If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, the school will strongly encourage them to speak to their GP or midwife.

Pregnant staff members will be advised to ensure they are up-to-date with the recommended vaccinations, including against coronavirus.

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, they will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, the school will encourage them to take a blood test.

Measles: If a pregnant staff member is exposed to measles, they will inform their midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.

Rubella (German measles): If a pregnant staff member is exposed to rubella, they will inform their midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19): If a pregnant staff member is exposed to slapped cheek disease, they will inform their midwife promptly.

Chapter 13: Staff handling food

Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer (EHO) that they are clear to return to work. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local EHO 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.

Chapter 14: Managing specific infection diseases

When an infectious disease occurs in the school, staff will follow the appropriate procedures set out in the [Managing Specific Infectious Diseases](#) appendix.

Chapter 15: Monitoring and review

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

The headteacher will review this policy on an annual basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

The next scheduled review date is: October 2027

Appendix 1: Managing specific infectious diseases

See appendix 1 - attached

Appendix 2: Infection absence periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by [UK Health Security Agency](#).

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local PHE centre.

See appendix 2 - attached

Appendix 3: diarrhoea and vomiting outbreak – schools, nurseries and other childcare settings action checklist

Date Completed:	
Checklist Completed By (Name):	
Name & Tel. No. of School:	Richardson Dees Primary School 0191 263 8139
Name of Head Teacher:	Mr Wayne Myers

Action	Yes	No	Comments
Deploy 48 hour exclusion rule for ill pupils & staff			
Liquid soap and paper hand towels available			
Staff to supervise/encourage hand washing in pupils			
Deploy deep cleaning schedule with cleaning services including frequently touched areas			
Disposable protective clothing available (gloves / aprons etc)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets / furniture and soft furnishings)			
Clean and disinfect hard toys daily. Limit and stock rotate toys			
Suspend the use of soft toys plus water / sand play and cookery activities during outbreak			
Segregate infected linen			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing.			
New children joining suspended.			
Keep staff working in dedicated areas (restrict food handling). Inform HPT of any infected food handlers.			
Check staff well and exclude in unwell (48 hour rule)			
HPT informed of any planned events at the school			