



# **Illness and Infection Control Policy**

(including EYFS)

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<b>Responsible Officer</b>	<b>H&amp;S Lead</b>

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## **Infection Control**

### **1 Introduction**

The purpose of this policy is to ensure that Ascent Academies' Trust has appropriate preventative and supportive procedures in place with regards to infection control and young person illness. Illness in this policy is defined as an episodic event that is not caused by injury or a result of an identified special need.

With regards to procedures for responding to illness the Trust has a duty under the Statutory Framework for Early Years Foundation Stage to protect children and act in their best interests.

This policy should be read in conjunction with the following Trust policies and with individual academy procedures as appropriate:

- First aid policy
- Supporting those with medical conditions
- Health and Safety
- External Visits.

This policy will be regularly reviewed, and amendments can only be made following the approval of the Chief Executive Officer (CEO).

This policy applies to the Trust and to all individual academies. This policy should be read by all colleagues involved who are in contact with young persons.

Instances of non-compliance with this policy will be reviewed by the Head of Academy and may be reported to Board or Trustees and CEO.

We wish to remind everybody involved with the Trust that should any persons have concerns relating to the implementation or adherence of our policies that they should raise these concerns with Line Management, or, if they wish to do so by following the Whistleblowing or Complaints procedures.

### **2 Roles and Responsibilities**

Trustees will

- Ensure each academy is compliant with this policy

The Head of each academy will

- Ensure any notifiable diseases are reported to the HSE or PHE
- Ensure that parents of vulnerable children are informed promptly of any conditions that could cause their child further health issues
- Liaise with the Trust H&S Lead in regards any potential outbreaks or infectious diseases
- Liaise with the Asset and Estates Manager in regards cleaning within academies.

All colleagues will

- Adhere to the guidance in this policy and especially with regards to good hygiene advice and infection control
- Ensure Senior Leadership Teams are informed of potential outbreaks and issues around cleaning or hygiene
- Inform line managers of any potential medical conditions which need consideration under this policy.
- Be fully aware of the health of the young persons in their care and observe for any changes

- Notify line managers and/or parents/carers of any concerns with regards to the health of the children
- Teach children about 'good hygiene' and ensure they follow practices wherever possible

Parents will

- Inform the individual academy of any changes to your child's health, any rashes or any concerns about their welfare
- Give proper consideration to following the 'Routine childhood immunisation programme'.

Trustees will

- Ensure each academy is compliant with this policy

### **3 Illness and Infection Control Overview**

The purpose of this document is to help us ensure a safe and healthy environment for all young persons within our Academies. At Ascent Academies' Trust, to reduce the risk of infections we:

- Provide protective clothing and equipment for colleagues in accordance with company procedures and government guidance.
- Have daily, weekly and monthly routine sterilising processes in place.
- Clean all premises daily.
- If an outbreak of any illness occurs a deep clean is completed in the appropriate area/s by Academy colleagues and contract cleaners as appropriate.
- Where required we ensure that there are appropriate hygienic changing facilities which are adequately stocked for those that require it (especially within the EYFS provisions).

It is a fact that we all, at times get ill. By following the guidelines in this policy we will reduce unnecessary exposure to illnesses and ensure infections are managed effectively, creating a healthy environment for all.

### **4 Young person illness whilst attending an Academy**

If a young person becomes ill at any of our academies his/her condition is brought to the attention of one of the senior members of colleagues within a department. A decision is then taken based upon the signs and symptoms including any visible signs and the young person's body temperature as to whether parents/ carers are immediately informed or whether continued support /monitoring of the young person should occur.

Should a child's condition continue or deteriorate a senior member of staff should identify the most appropriate course of action. This could include administering of prescribed medicines, moving the young person to an appropriate place or collection of the young person by parents / carers.

### **5 Young person illness preventing attendance**

Depending upon the symptoms a young person may be able to attend the Academy in accordance with guidelines from the Health Protection Agency (HPA) which are available [here](#). We use this document for guidance with regards to the minimum amount of time a child should be absent from school due to certain rashes, infections and illnesses.

Some examples include:

#### **No Exclusion**

- Head Lice
- Conjunctivitis

- Tonsillitis
- Roseola
- Slapped Cheek
- Threadworms
- Hand, Foot and Mouth

#### **48 Hours Exclusion**

- Vomiting – after last symptom
- Diarrhoea – after last symptom.

### **6 Notifiable Diseases**

The Trust will report serious accidents, outbreaks of disease or dangerous incidents to Ofsted and the HSE according to their guidance and with support from the local Health Protection Team (HPT) and Public Health England (PHE) as appropriate (Statutory framework for the early years foundation stage states that “Registered providers must notify Ofsted or the childminder agency with which they are registered of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring”).

In these cases, we work closely with parents and the local HPT to ensure we follow any additional advice that may be given. (See appendix 2)

The Trust will inform the local HPT if they suspect a young person has a notifiable disease that may have not been reported by a Doctor. In addition, we will seek advice from the HPT if we believe we may have an ‘outbreak or incident’ that is notifiable.

An outbreak or incident may be defined as:

- an incident in which two 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
- a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio
- a suspected, anticipated or actual event involving microbial or chemical contamination of food or water.

### **7 Support for those who are pregnant**

Colleagues who are pregnant should ensure they have a risk assessment completed by a member of the Academy SLT. This will help Academies ensure the safety of the unborn baby and parent.

There are several infections which can be harmful to an unborn baby. If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, they should consult their own doctor immediately. Once an Academy SLT is aware of a pregnant colleague they will be informed of specific infectious risks as soon as is reasonably practicable.

Some specific risks are;

- Chicken Pox
- German Measles (Rubella)
- Slapped Cheek
- Measles

If one of the above infections is present within the Academy, or your work place we advise you to see your GP/Midwife to check if you are immune and seek their professional medical advice. Pregnant colleagues should also discuss any concerns with regards to infection control, with their line manager.

## **8 Medical Accommodation**

The Advice on Standards for School Premises (2015) requires every school to have a suitable room that can be used for the medical or dental treatment when required and for the care of young person during school hours. This room can be used for other purposes such as therapies but must not be a teaching space. The room identified for this in each academy is published in the academies' front office.

This rooms will;

- Have a wash basin
- Be reasonably close to a WC
- Be appropriate for medical care
- Be readily available for use when needed
- Need not be solely used for medical care.

## **9 Animals in school and Farm Visits**

The Trust recognises the value to children of working with animals. However, animals may carry infections, so hands must be washed after handling any animals or coming in to contact with animal habitats/waste. Guidelines for protecting the health and safety of children should be followed.

Where animals are kept within Academies appropriate risk assessments should be completed regarding their care and health and hygiene. It should be noted that reptiles should not be kept or handled by children under the age of 5 due to the risks of salmonella.

## **10 Good hygiene guidance**

The Trust promotes high standards of personal hygiene, especially hand washing and the maintenance of clean environments. All colleagues and visitors are expected to follow guidance with regards to good hygiene (see Appendix 1).

In addition, some young persons may have health conditions which require specific hygiene procedures. In these cases, colleagues working with the young person must be aware of and follow the guidance in their individual care plan.

Colleagues who work with young persons should help them to follow good hygiene practices.

## **Appendix 1 – Good Hygiene Guidance (PHE)**

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

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

### Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

### Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

### 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 PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and 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 clinical waste as described below. A spillage kit should be available for blood spills

Laundry Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

### Clinical waste

Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

### Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

### Sharps injuries and bites

Our needlesticks procedure is available overleaf.

## **Appendix 2 – Needlestick and Sharps Procedure**

### **1 Introduction**

This code of practice describes the Trust's arrangements to ensure the health and safety of colleagues likely to come into contact with needles and sharps. Work undertaken by some colleagues can result in contact with hypodermic needles/syringes and other similar instruments. These are commonly known as 'sharps'. The main risks from accidental puncture wounds are from HIV, Hepatitis B and Hepatitis C. The hepatitis viruses are more infectious than HIV. HIV, Hepatitis B and C are Blood Borne Viruses (BBV's) and are spread by sharps that have been contaminated by blood or bloodstained bodily fluids such as vomit or urine.

This Code of Practice deals with the procedures for dealing with needles/ sharps by colleagues in the course of their duties. It also covers the action to be taken in the event of a needlestick/ sharps injury.

The risks associated with needlestick/sharps can be reduced by following the recommended guidance within these procedures. Where there is a recognised risk, a safe system of work must be implemented and followed. Sample Risk Assessments are available on SharePoint.

Heads of Academy should ensure that where relevant all colleagues are aware of and familiar with these procedures.

### **2 Introduction**

Heads of Academy must ensure that if colleagues are likely to be involved in handling or disposal of needlesticks/sharps in the course of their duties, it is identified in a risk assessment for the employee group. Risk assessment will inform safe systems of work and the identification of preventative and protective measures. The risk assessment should clearly identify the training needs of colleagues and provision of equipment to ensure safe handling and disposal of such items.

### **3 Safe Systems of Work**

Sharps injuries are predominantly caused by needle devices and are associated with venepuncture, recapping (re-sheathing) or needles and disassembling of equipment. Whilst the risk of injury cannot be eliminated operating a safe system of work will reduce the possibility of an injury being sustained by colleagues.

- Identify devices with potential to cause injury
- Handle devices safely
- Wear protective gloves which, whilst not preventing the risk of penetration, will reduce direct contact with the skin
- Avoid passing sharp instruments by hand
- Only one person at a time should have contact with sharps
- Do not leave needles and sharps exposed
- Do not disassemble, bend, clip or re-sheath devices
- Safely dispose of devices at point of use in an approved sharps container
- Know what action to take if an accidental injury occurs.

### **4 Disposal of Needlesticks / Sharps**

Needlesticks / sharps are to be disposed of in an approved Sharps Container



immediately after use. Sharps containers should be collected on a regular basis by a recognised authorised collection company who will dispose of the items in a safe manner. Colleagues must not attempt to push down the contents of the container and the container must not be overfilled.

## **5 Action to Take in the Event of a Needle Stick Injury**

Colleagues must be familiar with the immediate action to take in the event of a needlestick/sharp injury and the reporting procedure around it. A needlestick/sharp injury must be reported immediately to the Health and Safety Lead to determine whether it is reportable to the Health and Safety Executive under RIDDOR.

A needlestick or sharps injury has been defined as an injury where a used needle or other sharp contaminated with blood or other high-risk body fluid penetrates the skin. In the event of such an injury, the following action must be taken without delay:

1. Stop work immediately
2. Do not suck the wound
3. Apply pressure to the wound encouraging it to bleed – this will minimise the risk of foreign material entering the bloodstream
4. Wash the affected area with cold running water and cover with a waterproof dressing – do not scrub the skin
5. Inform senior staff immediately, who will inform the Health and Safety Lead
6. Medical attention must be sought as soon as possible and if able to do so the employee should attend their GP or hospital for immediate attention.
7. Further advice can be sought from the Occupational Health Unit at the address below.

## **6 Further Information and Advice**

Occupational Health Team,  
Thorney Close Action and Enterprise Centre,  
120 Thorndale Road  
Sunderland SR3 4JQ.  
Telephone: 0191 561 2970  
Email: [occupational.health@sunderland.gov.uk](mailto:occupational.health@sunderland.gov.uk).

7 Flowchart

