Control of Infections Policy

FOREST VIEW SCHOOL

Policy name	Control of Infections Policy
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Owner	BL
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Approver	Local Governing Board
Review frequency	Tri-Annually (or when guidance changes)
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1. Purpose and Scope

This policy sets out how Forest View School prevents, detects, and manages infectious diseases in order to protect pupils, staff, visitors, and the wider community while maintaining pupils' access to education. It applies on site and for off-site activities (trips, residentials, sporting events) and covers early years classes where applicable.

2. Legal and Guidance Framework

Forest View School will have regard to:

- UKHSA: *Health protection in children and young people settings, including education* (core national guidance for schools; includes outbreak management and the national exclusion table).
- UKHSA: Practical staff guide *Managing cases of infectious diseases in schools and childcare settings* (tools, checklists and action cards).
- Local health-protection expectations (e.g., ventilation, hygiene, outbreak reporting).

Note: The exclusion periods and management steps in this policy follow the UKHSA national position and will be updated automatically when UKHSA updates their guidance.

3. Roles and Responsibilities

Governing Body

- Approves and annually reviews this policy; assures that the school follows UKHSA guidance and has effective outbreak response arrangements.

Headteacher

- Ensures implementation of this policy; appoints an Infection Prevention and Control (IPC) Lead; ensures sufficient trained staff and adequate supplies of PPE, cleaning products, and hand-hygiene resources.
- Ensures systems for rapid incident/outbreak reporting to the UKHSA Health Protection Team (HPT) and the local authority are in place.

IPC Lead (delegated member of SLT)

- Maintains day-to-day oversight of infection-prevention measures, training, audits, and outbreak coordination; holds the school's exclusion table and action cards; liaises with UKHSA HPT.

All Staff (including supply and volunteers)

- Follow standard infection-control precautions and this policy; complete required training; promptly escalate suspected outbreaks or unusual illness patterns to the IPC Lead/SLT.

Premises Team

- Ensures cleaning schedules meet UKHSA standards; implements enhanced cleaning when advised; monitors ventilation systems and supports opening-for-fresh-air where safe.

Catering Team

- Follows Food Safety and Food Hygiene Regulations; applies fitness-to-work and exclusion rules for gastrointestinal symptoms (48-hour rule) and skin infections per UKHSA; keeps HACCP records.

Parents/Carers and Pupils

- Follow school advice on exclusion/return; inform school of diagnoses; promote hygiene practices (handwashing, respiratory etiquette).

4. Core Infection-Prevention Measures

Forest View applies the following measures at all times and enhances them during outbreaks:

4.1 Hand Hygiene

- Use warm running water and liquid soap; rub for ≥20 seconds; dry with paper towels or dryers; wash after toilet use, before eating, after outdoor play, after contact with animals, and after coughing/sneezing/caretaking tasks. Alcohol gel may be used on visibly clean hands when soap/water are unavailable.

4.2 Respiratory Etiquette

- Promote "Catch it, bin it, kill it"; provide tissues and lidded bins; clean hands after coughing/sneezing.

4.3 Ventilation

- Maximise natural/mechanical ventilation proportional to weather and security; balance with thermal comfort; increase air changes during outbreaks/respiratory season.

4.4 Cleaning and Disinfection

- Implement daily cleaning schedules for high-touch surfaces (handles, rails, desks, toilets); use appropriate detergents/disinfectants; enhance frequency during outbreaks per UKHSA action cards.

4.5 PPE and Standard Precautions

- Wear disposable gloves and aprons for contact with blood/body fluids; use eye/face protection if splash risk; perform hand hygiene before/after PPE; dispose of PPE as clinical waste where required.

4.6 Bodily Fluid Spillages

- Restrict area; use appropriate spill kits/1,000 ppm chlorine-releasing products as per product guidance; wear PPE; clean then disinfect; dispose of waste safely; wash hands.

4.7 Waste, Laundry and Toilets

- Dispose of waste per local arrangements; manage laundry on a hot cycle and dry thoroughly; implement toilet/hand-basin cleaning schedules and checks.

4.8 Sharps Safety and Needlestick Injury

- Staff must not handle sharps found on site; contact council/contractor for removal; for occupational exposures: wash, encourage gentle bleeding, cover, seek urgent medical advice, and record/report; consult HPT if required.

4.9 Education and Pupil Engagement

- Use e-Bug (UKHSA) resources across year groups to teach about hygiene, microbes, vaccination and antimicrobial resistance; include assemblies/campaigns during seasonal illness peaks.

5. Managing Illness On Site

- Unwell pupils/staff should be moved to a ventilated area and, where appropriate, sent home; parents are advised not to send children back until well enough and any UKHSA exclusion period has elapsed.
- For diarrhoea and/or vomiting, exclude for 48 hours after the last episode.
- For respiratory infections (including COVID-19), do not attend if feverish/unwell.

6. Exclusion and Return

- The school adopts the UKHSA exclusion table (kept by the IPC Lead and published on the school website). Examples include: chickenpox – at least 5 days from rash onset and until blisters are crusted; impetigo – until lesions crusted/healed or 48 hours after starting

antibiotics; scarlet fever – 24 hours after starting antibiotics;
TB/measles/diphtheria/pertussis – HPT advice required.

- Fitness to return is based on UKHSA guidance/HPT advice, not solely on GP notes.

7. Vulnerable Groups, Pregnancy and Immunisation

- Provide tailored advice for pregnant staff/students and those with underlying vulnerabilities; pay particular attention to measles, rubella, varicella and parvovirus B19 exposures and seek HPT advice.
- Support NHS immunisation programmes (e.g., MMR, influenza, HPV) and encourage uptake communications in line with UKHSA messaging.

8. Animals, Water and Educational Visits

- Conduct activity-specific risk assessments for farm visits and water-based activities (e.g., leptospirosis risk), with supervised handwashing and appropriate PPE/controls; follow HPT advice for any animal-related outbreaks.

9. Outbreak Management

9.1 Definition and Triggers

Forest View treats the following as possible outbreaks/incidents and will contact the UKHSA HPT promptly:

- Two or more cases of the same infection within a setting or class;
- Higher than usual absenteeism due to infectious illness;
- Any notifiable disease or severe/unusual infection pattern;
- Confirmed or suspected food- or water-borne outbreaks;
- Clusters of respiratory infections, including COVID-19, influenza-like illness or measles.

9.2 Immediate Actions

- Start an illness line list; implement enhanced cleaning and ventilation; review hand-hygiene/PPE; consider cohorting; send UKHSA action list communications to parents/staff; follow HPT advice on testing/closing rooms/events if required.

9.3 Communications and Data

- Use HPT templates; keep attendance/illness logs; share anonymised data with HPT/LA on request; maintain privacy in line with data-protection law.

10. Training, Monitoring and Audit

- All staff receive induction and periodic refreshers on hygiene, outbreak recognition, and this policy.
- The IPC Lead completes termly audits (hand-hygiene facilities, cleaning schedules, ventilation checks, availability of PPE/consumables) and reports to SLT/governors annually.

11. Linked Policies and Procedures

- First Aid and Medicines; Supporting Pupils with Medical Conditions; Educational Visits; Health & Safety; Safeguarding; Complaints.

Appendix A – Quick Actions (Summary)

Full action cards are held by the IPC Lead and drawn from the UKHSA guide.

A1. Suspected D&V outbreak (≥2 cases in 48 hours)

- Isolate unwell pupils; exclude 48 hours from last episode; start line list; enhanced cleaning of toilets/touchpoints; increase handwashing; notify HPT; consider cohorting; suspend communal self-service food; review signage; daily situation report to HPT.

A2. Respiratory cluster

- Encourage symptomatic individuals to stay home if feverish/unwell; reinforce "Catch it, bin it, kill it"; increase ventilation and cleaning; notify HPT if spreading/attendance affected; follow HPT advice on testing and communications.

A3. Measles/Scarlet fever/Whooping cough

- Contact HPT immediately for case-finding, exclusions, antibiotic or vaccine advice; issue UKHSA letters to parents/staff; review immunisation uptake with School-Age Immunisation Service.

Appendix B – Exclusion Periods (Extract)

The full UKHSA exclusion table is applied and kept up-to-date by the IPC Lead; examples include:

- Diarrhoea/vomiting: return 48h after last episode.
- Chickenpox: ≥5 days from rash onset and until all blisters have crusted.
- Impetigo: until lesions crusted/healed or 48h after antibiotics.
- Scarlet fever: 24h after antibiotics.
- COVID-19: do not attend if feverish/unwell; 3 days exclusion after positive test (day 0 = test day) and until well enough.
- Measles/pertussis/diphtheria/TB: HPT advice.

Appendix C – Key Contacts

- UKHSA South West Health Protection Team (HPT): see national HPT finder.
- Local Authority Public Health/Health Protection: contact details held by the school office.
- School IPC Lead: Claire Turley (School Business Manager)

Appendix D

List of Notifiable Diseases

Acute Encephalitis
Acute Poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
Food Poisoning (or suspected
food poisoning)
Leprosy
Leptospirosis
Malaria
Measles
Meningitis (viral, bacterial or fungal)
Meningococcal Septicaemia (without meningitis)Viral Hepatitis (A,B,C,D and E)
Mumps
Ophthalmia neonatoram
Parathyphoid Fever
Plague
Rabies
Relapsing Fever
Rubella
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus
Viral Haemorrhagic Fever
Whooping Cough
Yellow Fever

The patient's physician would report the above diseases to the Consultant in the UKHSA

The UKHSA will advise the school of any action necessary.

If you require advice on any communicable disease, please contact the Consultant in UKHSA

Appendix E - Exclusion table

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.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals 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)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals 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 Managing outbreaks and incidents.
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic Diphtheria, only 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 Managing outbreaks and incidents.
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.
Head lice	None	
Hepititis 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 individuals, including 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. 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 information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including 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.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. 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 and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.

	Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers, and students.	Your local HPT will organise any contact tracing.
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	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.