



THE NORTON
KNATCHBULL
SCHOOL

Control of Infections Policy

Policy Owner	Site Manager
Reviewed by	Pat Aird, Site Manager
Equalities Impact Assessment	14 th March 2025 Pat Aird & Ben Greene
Delegated approval	Finance & General Purposes Committee
Approved by the Finance and General Purposes Committee	21 st March 2025
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REVIEW PROCEDURES

The Control of Infections Policy for The Norton Knatchbull is to be reviewed every other year by the Site Manager.

AMENDMENTS

It is the responsibility of the Head Teacher to ensure that the complete amendment is incorporated into all copies of the document and recorded accordingly on the Amendment Sheet. Copies of pages made redundant by the amendment are to be disposed of immediately and not to be retained for any reason.

amdt No	Date of Issue	Incorporation Details		
		Name	Signature	Date
1	20/11/2020	P Aird	<i>P A Aird</i>	26/11/2020
2	28/11/2023	P Aird	<i>P A Aird</i>	26/11/2023
3	14/03/2025	P Aird	<i>P A Aird</i>	14/03/2025
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CONTROL OF INFECTIONS POLICY

STATEMENT OF INTENT

The Norton Knatchbull is committed to safeguarding the health, safety and welfare of staff, pupils and visitors so far as is reasonably practicable. Communicable disease can constitute a health and safety hazard to anyone entering the The Norton Knatchbull and this policy aims to ensure that such risks are reduced wherever possible.

It is important that staff are aware of this policy and of statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease.

Staff should also be particularly aware of the practical procedures to control the spread of communicable diseases.

Staff should also be aware of the School's First Aid and Medicine Policy which may also be relevant.

Section 1: ORGANISATION AND RESPONSIBILITIES

1.0 Headteacher Responsibilities

The Headteacher shall ensure the following:-

- a. that staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and advise them on the means of avoiding either becoming infected or infecting others,
- b. that infection control issues are considered when doing workplace assessments,
- c. that staff are instructed, monitored and up-dated in correct infection control procedures,
- d. that records are maintained of staff' Hepatitis B vaccination history in areas where a risk of the disease has been identified.
- e. that sharps injuries are reported and that staff follow the correct procedures.
- f. That appropriate quantities of Personal Protective Equipment (PPE) – suitable vinyl, protective gloves, aprons and resuscitation face masks are available at all times.

1.1 All Teaching staff

Individual staff are responsible for ensuring that they are familiar with and follow the infection control procedures for their own area.

If any member of staff is unwell they should not return to school until clear of symptoms for 48 hours.

1.2 First Aiders

First aiders should ensure they are familiar with this policy. Individuals may be exposed to infectious substances such as blood and other bodily fluids and should take the following precautions to reduce the risk of infection:

- Cover any cuts or grazes on their skin with a waterproof dressing
- Wear suitable disposable gloves when dealing with blood or any bodily fluids
- Use suitable eye protection and a disposable plastic apron where splashing is possible
- Use resuscitation face masks if you have to give mouth to mouth resuscitation
- Wash your hands after each procedure.

1.3 Site manager

The Site manager is responsible for ensuring that good standards of cleaning are maintained at all times.

1.4 Kitchen Manager and all catering staff

The school engages a catering contractor to prepare and serve food in school. The two main pieces of legislation which address issues of infection control on the area of food preparation are **The Food Safety Act 1990 and The Food Hygiene (England) Regulations 2006.**

- The Contractor is responsible for ensuring all those with the responsibility for food preparation are aware of their duties under this legislation and have received training applicable to their level of responsibility in the food preparation area. The School requires that the minimum training for all kitchen staff' must be the Basic Food Hygiene Certificate. If the new staff do not hold this certificate when they join the School, arrangements should be made within a month for them to attend a course. New catering staff must be made aware of food hygiene arrangements.
- Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom free for 48 hours.
- Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do
- Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.
- Food handlers will use hand sanitiser throughout the shift to reduce the risk of spreading infection.

1.6 Pregnant staff/visitors

- Pregnant staff will need to be given special advice of certain infectious diseases such as German Measles (Rubella) and Chicken Pox (Varicella-Zosta). As staff might not be aware that they are pregnant everyone should be informed if there are cases of German Measles or Chicken Pox in the Academy.
- Staff should be advised to ask their doctor for a test to establish their immunity to German Measles if they are planning to become pregnant. Previous vaccination in childhood does not guarantee immunity.

1.7 Pupils and parents

Pupils are expected to comply with any request from staff to leave the area if someone is unwell. They should also report any concerns they may have to a member of staff.

Any pupil who is unwell should stay away from the School until they have been symptom free for 48 hours. Parents are asked to ensure that this happens.

Section 2: ARRANGEMENTS

2.1 Risk Assessment

- A general risk assessment of the School premises should consider the hazards that might be posed by infectious disease. In some areas there will be little or no risk identified over and above that which is encountered in everyday life. In some areas, however, where there exists a student or employee with known or probable health problems, further analysis will have to be made.
- The care plans of individual students with special needs should indicate if they are suffering from an infectious disease that requires special precautions to be taken, especially if they require personal care. This would also apply to students who are unpredictable and violent. However, the confidentiality of the student's medical condition should be protected whenever possible.
- Immunisation advice to staff will cover some aspects of risk, as will training in sound hygiene practices such as washing and universal precautions (see 2.2-2.3).

2.2 Basic Hygiene Measures

- In all areas of the School, it is important to observe good basic hygiene procedures. **Universal Infection Control Precautions** is an approach to infection control that assumes anybody might be infectious, even if they do not fall into an obvious risk group. Therefore, when dealing with any fluids, it is necessary to employ infection control measures.

2.3 Hand-washing

Effective hand washing is an important method of controlling the spread of infections, especially those causing diarrhoea and vomiting type illness. Therefore, always wash hands after using the toilet and before eating or handling food using the following technique:

- a. Use of running water and a bacterial soap.
- b. Rub hands vigorously together until soapy lather develops and continue for 20 seconds ensuring that all surfaces of the hand are covered.
- c. Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels as they can harbour micro-organisms which can then be transferred from one person to person.
- d. Discard paper towels into a bin (pedal bins are preferable).
- e. It is important to ensure that hand basins are kept clean.

2.4 Disposal of Sharps

- Sharps are sometimes found discarded on school premises. Sharps include needles or syringes, scalpel blades, and razor blades etc. Used sharps will inevitably have traces of blood on them. Therefore, it is important that they are not allowed to cut or penetrate the skin of another person after they have been used.
- Sharps' boxes are available and should be used to dispose of used needles, razor blades etc. A sharps' box will need to be available in all areas where there is a chance of discarded needles being discovered.

2.5 Cleaning-up body fluid spills

- a. Disposable gloves must be available and should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people. Plastic aprons should also be available and used where necessary.
- b. Any cuts on the hands or arms should be covered with waterproof plasters.
- c. Clean the pupil (or staff member) and remove them from the immediate area.
- d. Isolate the area with signs, chairs, cones etc.
- e. The spillage should be covered with paper towels and soaked with 1 in 10 diluted bleach or one of the proprietary clean-up packs, which can be purchased for these circumstances, can be used. The proprietary brands are generally safer to handle and more appropriate on carpets and upholstery.
- f. Leave for 10 minutes or follow the instructions enclosed with proprietary brand.
- g. Clean up spillage.
- h. This can be disposed of by flushing down the toilet.
- i. The area should then be cleaned thoroughly with detergent and hot water using disposable cloths, and then wiped over using standard hypochlorite solution (bleach, Milton) following the manufacturer's instructions.
- j. Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly (*as described in 2.3 above*)

2.6 Accidental Contamination with Body Fluids

- Blood borne viruses do not invade the body through intact skin; they can however penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds (so-called "sharp issues" injuries).
- In the event of an accident with body fluids that results in possible contamination the following procedures should be followed:

IMMEDIATE ACTION by the person involved first aider and manager:

- a. Make the wound bleed for a few seconds, but do not suck the wound.
- b. Wash the wound with soap and warm running water, do not scrub
- c. Cover the wound
- d. Conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- e. Report the incident to the Head Teacher and ask them to complete, with your help, an accident form as soon as possible. The accident form should note: whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

AS SOON AS POSSIBLE (WITHIN THE HOUR)

- a. Report the matter to your GP or the local A&E department.
- b. Take the accident form with you to the GP.
- c. If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.

- d. However, if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- e. Blood should be taken and tested for Hepatitis B.
- f. The Consultant for Communicable Disease Control (CCDC) should be informed of the incident by the Head Teacher. If the person whose bodily fluids are involved is known, their details should be given to the CCDC.
- g. The Principal should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

2.7 The Consultant in Communicable Disease Control (CCDC)

- The CCDC is responsible for dealing with outbreaks of communicable disease. The CCDC should be contacted (by phone initially) by the School when there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease. The CCDC will advise on all management aspects of the situation. This will include information to parents, students and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press.
- For the list of reportable diseases see Appendix 1

2.8 Training

- Training should be delivered to staff where there is an identified risk.
- Appropriate training will need to be identified for the different categories of infection risk that staff encounter in their particular jobs. Staff working entirely in the Academy office are unlikely to require training. Cleaners, facilities staff and staff supporting pupils with special needs will require specific instruction in this area.
- Food handlers must attain the appropriate Food Hygiene Certificates as soon as possible after they are employed if they do not already hold these qualifications.

2.9 First Aid

- First Aid is an area that might expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider there is an element of infection control based on Universal Infection Control Precautions.
- Staff responsible for purchasing first aid materials should supply first aiders with suitable vinyl protective gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box (see **Universal Infection Control Procedures** for further details).
- COVID-19 Risk Assessment is in place and covers procedure during a suspect case
- Any reported cases should be report to the DFE help line on Covid-19

2.10 Immunisation

- Specific immunisation is not necessary for all staff in the context of their work. However, school staff have been identified as being at risk of specific infections, such as, Tuberculosis (TB), Rubella, Polio and Tetanus. Staff should be issued with advice when sent their pre-employment medical questionnaire.

- It is recommended that the Premises manager and all trained first aiders should have up to date tetanus vaccinations and also be offered Hepatitis B vaccinations.
- It is not considered necessary for the Hepatitis B or HIV/AIDS status of staff to be declared. If the Infection Control Procedures are set out in these Guidelines are followed there will be no risk to either students or other staff.

2.11 Contact with Animals

- Farm visits pose a potential risk of infection to students and adults. Generally, farms that are open for visits are plentifully supplied with wash hand basins. Pupils should be instructed to wash their hands thoroughly after touching animals, especially before eating.
- Pond Dipping and Canoeing are activities that might bring students into contact with leptospirosis (Weil's Disease). This is a disease caused by contact with the urine of infected rats. The organism can penetrate skin, especially broken skin. Therefore, cover any abrasion with waterproof plasters and wash thoroughly after contact with pond or river water. Symptoms develop about ten days after contact and can include severe headache, severe muscle aches and tenderness, redness of the eyes, loss of appetite, vomiting and sometimes a skin rash. Anyone who has been in contact with pond or river water and subsequently develops any of these symptoms in the time period should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

CONCLUSION

Basic good hygiene practice is the key to infection control in Schools and in areas of food preparation.

The inclusion of infection control issues in risk assessment, as well as training staff on induction and at suitable intervals thereafter will reduce the likelihood of infections being spread unnecessarily.

Appendix 1

List of Notifiable Diseases

Acute Encephalitis	Parathyphoid Fever
Acute Poliomyelitis	Plague
Anthrax	Rabies
Cholera	
Covid- 19 - Status routine	Relapsing Fever
Diphtheria	Rubella
Dysentery	Scarlet Fever
Food Poisoning (or suspected food poisoning)	Smallpox
Leprosy	Tetanus
Leptospirosis	Tuberculosis
Malaria	Typhoid Fever
Measles	Typhus
Meningitis (viral, bacterial or fungal)	Viral Haemorrhagic Fever
Meningococcal Septicaemia (without meningitis)	Viral Hepatitis (A,B,C,D and E)
Mumps	Whooping Cough
Ophthalmia neonatorum	Yellow Fever

The patient's physician would report the above diseases to the Consultant in Communicable Disease Control (CCDC)

The CCDC will advise the school of any action necessary.

If you require advice on any communicable disease, please contact the Consultant in Communicable Disease Control.



Policy details

**The purpose of an Equality Impact Assessment (EIA) is to ensure that policies, functions, plans or decisions do not create unnecessary barriers for people protected under the Equality Act 2010. Where negative impacts are identified these should be eliminated or minimised, and opportunities for positive impact should be maximised. EIA assessments are completed for policies reviewed on or after 30th October 2023 and are appended to the policy*

POLICY NAME AND PURPOSE

Control of infections Policy

LAST REVIEW

28/11/2023 P A Aird - Site Manager

POLICY STATUS

Existing – This policy has been updated in line with changes to Covid 19 and hand washing Facilities.

THIS POLICY WILL AFFECT

- Pupils
- Staff
- Governors/trustees
- Volunteers
- Visitors
- Parents

EIA completed by:	P A Aird – Site Manager NKS
Contributors to EIA:	B Greene Head Teacher.
Date completed:	14/03/2025

Impact analysis

- Indicate what type of impact this policy will have for each group, and explain why
- If a policy doesn't impact a group, tick the 'neutral impact' column and record this
- Remember that a policy may impact a group in multiple ways. For example, your curriculum policy may positively impact BAME pupils by promoting British values of mutual respect and tolerance, but negatively impact BAME pupils by failing to promote material that highlights a variety of cultures and ethnicities

GROUP	POSITIVE IMPACT	NEUTRAL IMPACT	NEGATIVE IMPACT	WHY WILL THE POLICY HAVE THIS EFFECT?
Sex		✓		<p>Explain the impact you have recorded, and provide evidence for this, for example: N/A</p> <ul style="list-style-type: none"> • Consultations • Pupil data <p>National data, reports, and best practice advice</p>
Race		✓		N/A
Religion or belief		✓		N/A

GROUP	POSITIVE IMPACT	NEUTRAL IMPACT	NEGATIVE IMPACT	WHY WILL THE POLICY HAVE THIS EFFECT?
Sexual orientation		✓		N/A
Gender reassignment		✓		N/A
Pregnancy or maternity		✓		N/A
Age		✓		N/A
Disability		✓		N/A
Marriage or civil partnership		✓		N/A
You could also add non-protected characteristics that have a specific impact in your school, e.g.: <ul style="list-style-type: none"> • English as an additional language • Looked-after children • Families with separated parents 		N/A		N/A

INTERSECTIONAL IMPACT

INTERSECTIONAL IMPACT

- Will this policy impact any groups more because of multiple/combined characteristics? - No there will not be impact
- What will the impact be, and why? N/A
- For example, if you're reviewing your: N/A
- Family leave policy: if your rules or language around leave arrangement assumes that people having children are married, this could negatively impact unmarried women who are pregnant or have children. N/A
- Supporting pupils with medicines policy: if your response to allergies relies on pupils carrying and administering their own epi-pens, this could negatively impact younger pupils with allergies who are not able to do this N/A
-

Outcomes

CONSULTATION AND STAKEHOLDER ENGAGEMENT

CONSULTATION AND STAKEHOLDER ENGAGEMENT

- Record your decision on what you will do with the policy/process after the results of the EIA.

On completion of the EIA this policy will form part of the normal working day within the school. This policy is designed to keep employees and students safe in times of infection and illness. This policy is in place to lessen the impact on the learning environment for our pupils and staff.

- Remove the policy (if it's not statutory) N/A
 - Adapt the policy to address the equality issues you've identified. N/A
 - Keep the policy without change (The policy has been updated)
-
- Include details about the evidence used to come to this decision, and why you're doing it.

The policy has been updated and the following items have been removed.

2.1 A full Covid-19 risk assessment is in place and regularly reviewed in accordance with DFE guidelines. **There is no longer a requirement for an individual Covid risk assessment.**

2.2 In all classrooms and communal areas Hand Sanitiser has been provided and should be used regularly throughout the school day

- Bacterial wipes have been issued to each class room so the equipment and desk can be regularly cleaned after use.
- Anti-Bacterial sprays are provided for high-risk activities. (DT, ART, PE and Science).
- We no longer supply these products on a regular basis.

Appendix 1 List of reportable diseases **Covid- 19** - Status routine has been added as this is a normal occurrence in day to day life.

This policy does not require consultation

CONSULTATION AND STAKEHOLDER ENGAGEMENT

FINAL DECISION ON POLICY

- Details of how the EIA outcome will be monitored
- Evidence collected / data reviewed
- Policy review schedule

Any further consultation or stakeholder engagement

Monitoring arrangements

MONITORING ARRANGEMENTS

Annually