



INFECTION CONTROL GUIDANCE

This Infection Control Guidance is applicable school wide, including EYFS (Early Years Foundation Stage).

James Allen's Girls' School has a role to play in supporting the prevention and control of the transmission of infectious diseases. The objective of this guidance is to inform parents, pupils, and teachers about the school's approach to infection control, in order to minimise the spread of infection. There are many infectious diseases, and this guidance will not cover specifics. When a pupil or member of staff presents in school, or school are informed of a pupil or family member with an infectious disease, the most up to date guidance from UK Health Security Agency (UKHSA) will be reviewed by the School Nurses and families advised accordingly.

Advice from the UK Health Security Agency UKHSA is regularly updated, and this will be the primary source of guidance on infectious diseases for the school, along with the relevant Department for Education Advice and Guidance.

Guidance from the School Doctor may also be sought.

Arrangements at the School

- Staff will be provided with a copy of this guidance and updated with any new national infection control guidance which will impact on the School, as necessary
- School will be mindful of the needs of pupils and staff vulnerable to infection and the support required to minimise the risks of their contracting infection
- Encourage and support personal hygiene of pupils, staff, and visitors by providing hand washing facilities/routines and hand sanitisers around the School
- Staff will incorporate the teaching of hand hygiene routines into the curriculum and daily school activities
- Ensuring procedures are in place to safely manage the handling of spills of blood and other body fluids. See First Aid Policy.
- Maintaining dignity and confidentiality whilst ensuring the protection of all pupils, staff, and visitors.
- Cleaning in school [COVID-19: cleaning of non-healthcare settings](#)

Parents

It is the responsibility of the parents/guardian of a child to ensure that:

- The School is fully advised about the child's health needs on admission to the School and the School is updated with any changes throughout their school career
- The School is advised about any new cases of infection as they occur in the child's school career
- The school is advised of transmissible infections within the family/close friendship groups
- Parent/s will not send a child into school who is unwell
- Parent/s collect or arrange collection of any unwell children as soon as possible; it is not appropriate for pupils aged 15 years or younger to travel unaccompanied without written permission from parents
- Parents will not send their child back to school after a period of illness with:
 - A raised temperature
 - Within 48 hours of the last episode of vomiting or diarrhoea, unless the vomiting has been deemed to be related to anxiety, and does not indicate the risk of transmission.
- Until cleared by their own GP after suffering from an infectious disease, as noted on the UKHSA website

SCHOOL STAFF

- Staff are asked to inform the School Nurses of any health issues which may lead to them, as individuals, to be more vulnerable to infection
- Staff will be asked to report any concerns regarding the health of individual pupils to the School Nurses

SCHOOL NURSES

- Will seek expert advice, as necessary, from UKHSA, 111, the individual pupil's medical consultants and the School Doctor
- Will maintain a register of pupils and staff vulnerable to infection throughout the school
- Will, wherever possible, support individual pupils, and staff with vulnerabilities with schooling/working from home or attending school as appropriate, taking expert advice and guidance as necessary
- Assist in the risk assessment of school gatherings, outings, and school trips with reference to vulnerable pupils but an awareness of the potential health implications for all pupils, staff, and visitors
- Follow up on staff concerns regarding the health of individual pupils
- Request and record current immunisation records of pupils, alerting parents where possible to gaps within their child's schedule
- Facilitate and promote the NHS immunisation programme in school, to include but not be limited to the flu vaccine, Covid vaccine and teenage boosters (DTP, Men ACWY, HPV)
- Facilitate and promote the annual flu vaccination for staff in school

NOTIFIABLE DISEASE

Medical Practitioners have a statutory duty to notify the local Health Protection Team (Public Health London) of suspected cases of certain infectious diseases. If the School is made aware of multiple cases of any of these diseases the school nurses will inform PHL. Notifiable diseases include but are not limited to:

- Covid-19
- Acute hepatitis/encephalitis/infectious diarrhoea
- Legionnaires' Disease
- Measles, Mumps
- Rubella
- Meningococcal Septicaemia
- Scarlet Fever / Strep A infection
- Tuberculosis
- Whooping Cough

DEFINITIONS

How infections spread

Infections are spread in many ways but the most important of these are through:

Respiratory spread

Contact with cough or other secretions from an infected person, passing on, for example, influenza or Covid-19. This can happen by being near the infected person when they cough and then breathing in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching one's nose or mouth.

Direct contact spread

Direct skin contact with an infecting organism such as impetigo or staphylococcal infection; this may happen in contact sports or in gyms, for example.

Gastrointestinal spread

Resulting from contact with contaminated food or water, contact with infected faeces or unwashed hands after using the toilet (Acute infectious diarrhoea).

Blood borne virus spread

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by

bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Personal Hygiene and Handwashing in School

Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. JAGS will incorporate the teaching of hand hygiene routines into the curriculum and daily school activities. Hand hygiene will also be promoted around the school, with appropriately placed posters and will provide soap at every sink, as well as hand sanitiser at appropriate locations around the school. This becomes particularly important during the winter months.

Management of Blood and other Body Fluid/Substance Exposures

Schools should have appropriate Personal Protective Equipment (for example, gloves and masks) available for staff to use when dealing with blood or body fluids/substances. Staff members and students should be familiar with, and practice recommended standard precaution practices.

Vulnerable individuals

Certain diseases and medications make an individual more vulnerable to infection these include but are not limited to:

- Autoimmune diseases
- Chronic respiratory disease including severe asthma, COPD, emphysema
- Chronic liver/kidney disease/splenic dysfunction (including Sickle Cell disease)
- Chronic neurological disease/disability
- Diabetes - Type 1 diabetes, Type 2 diabetes
- Heart disease –chronic/congenital including high blood pressure
- History of Stroke, Transient Ischaemic Attack (TIA)
- Immunosuppression due to disease or treatment e.g., steroids, chemotherapy
- Morbid obesity (BMI > 40)
- Neuro disability/degenerative disease
- Pregnant women

APPENDIX ONE

From the Government Guidance: Government Publications health protection in schools and other childcare facilities/exclusion [table](#)

This guidance refers to public health exclusions to indicate the 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	Children 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)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students 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 chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. 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 chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if many children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis 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 pupils and 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
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and 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 pupils and 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	A person is infectious for 2 to 3 weeks if antibiotics are not administered. 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) Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents, and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread 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
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*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team 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.