

**A.R.T.S**

**INFECTION PREVENTION AND CONTROL**

| **POLICY WRITTEN BY:** | **Proprietors** |
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| **DATE POLICY PREPARED:** | **July 2021** |
| **Reviewed** | **July 2022, Sep 2022** |
| **DATE FOR REVIEW:** | **July 2024** |

**Purpose and Rationale**

To provide a guide for action should an infectious disease surface in the school and/or community.

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

ARTS is maintaining a daily enhanced cleaning provision on site with cleaning of high touch surfaces and toilet areas. The promotion of good room ventilation is in place to help move germs out from the teaching rooms to areas outside the school building.

**Good Hygiene Practice**

Handwashing

•Wash hands with liquid soap and warm water(for at least 20 seconds), and dry with 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

•Cover mouth and nose with a tissue

•Wash hands after using or disposing of tissues

•Spitting is discouraged

Personal Protective Equipment

•Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids

•Wear goggles if there is a risk of splashing to the face

•Use the correct personal protective equipment when handling cleaning chemicals

Cleaning of the Environment

•Clean the environment frequently and thoroughly

•Clean the environment, including toys and equipment, frequently and thoroughly

Cleaning of Blood and Body Fluid Spillages

•Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment

•When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer’s instructions. 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•Make spillage kits available for blood spills

**Pupils Vulnerable to Infection**

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children.The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and viral infectious diseases in general.

Due to the known vulnerabilities of particular pupils & staff ARTS will not permit any person on site who is known or believed to be infected.

If any person who is known to be vulnerable to infection is exposed to any of these, the parent/carer will be informed promptly and further medical advice sought.

**New and Expectant Mothers**

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant. Appropriate measures will be put in place to control risks identified, within an individualised risk assessment. Some specific risks are summarised below:

•Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles

•If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation

•Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

**Exclusion Periods for Infectious Diseases**

The school will follow the following exclusion periods outlined below taking into account the recommendations from Public Health England and the needs of those vulnerable to infection.

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

| **Infection or complaint** | **Recommended period to be kept away from school (NHS & Public Health)** | **ARTS amendments due to risk to pupils vulnerable to infection** |
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| Athlete’s foot | No athlete's foot is not a serious condition. Treatment is recommended | Infected person is to:   * Keep their shoes on at all times while at school   **Should the infection spread to other** **parts of the body such as hands, then the infected person will have to stay away from school until the infection has cleared.** [**https://www.nhs.uk/conditions/athletes-foot/**](https://www.nhs.uk/conditions/athletes-foot/) |
| Chicken Pox/Monkey Pox/Shingles | Cases of chickenpox are generally infectious from two days before the rash appears and five days after the onset of the rash. Although the usual exclusion period is five days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over. | Infected persons will **not** be admitted onsite due to the small size of the school and the risk to those vulnerable to infection.  **Must be 5 days from when the rash has cleared.**  Do not go near newborn babies, people who are pregnant and people with a weakened immune system, as chickenpox can be dangerous for them <https://www.nhs.uk/conditions/chickenpox/> |
| Cold sores | None  <https://www.nhs.uk/conditions/cold-sores/> | * Cups, cutlery and anything else that is placed in or near the mouth to be cleaned immediately after use by the infected person. * Bin any pens or pencils that the infected person my of put near or in their mouth * **Should the infected person be a known vulnerable or sufferer of diabetes then parents/carers should be informed and medical advice sought**. |
| Rubella (German measles) | Stay off nursery, school, or work for 5 days after the rash appears |  |
| Hand, foot and mouth | Keep your child off school or nursery while they're feeling unwell.  Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed |  |
| Impetigo | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment  <https://www.nhs.uk/conditions/impetigo/> | * Infected persons must be fully recovered before returning to school * **Should the infected person be a known vulnerable or sufferer of diabetes then parents/carers should be informed and medical advice sought.** |
| Measles | Stay off nursery, school, or work for at least 4 days from when the rash first appears.  <https://www.nhs.uk/conditions/measles/> | * **Suspected and /or confirmed cases all parents/carers to be notified starting with those who have pupils vulnerable to infection** * **If a Vulnerable to infection pupil is suspected to be suffering from Measles call 111 / 999 and notify parents / carers** |
| Ringworm | It's fine for your child to go to school or nursery once they have started treatment. Let your child's teachers know they have ringworm.  <https://www.nhs.uk/conditions/ringworm/> | * Infected person must have completed 3 days of treatment. * Seek advice from 111 immediately regarding risk to pupils vulnerable to infection, follow medical advice - this may result in the infected person having to remain off school for a period greater than 3 days after starting treatment. |
| Scabies | You or your child can go back to work or school 24 hours after the first treatment. | * Seek advice from 111 immediately regarding risk to pupils vulnerable to infection, follow medical advice - this may result in the infected person having to remain off school for a period greater than 1 days after starting treatment * Inform all parents / carers of scabies infection. |
| Scarlet fever | If you or your child has scarlet fever, stay away from nursery, school or work for 24 hours after you take the 1st dose of antibiotics.  <https://www.nhs.uk/conditions/scarlet-fever/> | * Infected person must have completed 3 days of treatment. * Seek advice from 111 immediately regarding risk to pupils vulnerable to infection, follow medical advice - this may result in the infected person having to remain off school for a period greater than 3 days after starting treatment. |
| Slapped cheek syndrome, Parvovirus B19, Fifth’s disease | None (infection has probably spread by the time the rash has developed) | * **Inform all parents / carers if there is a case.** * **Dial 999 should a person experience:**    + **very pale skin**   + **shortness of breath**   + **extreme tiredness**   + **Fainted** |
| Bacillary Dysentery (Shigella) | Stay away from work or school until you've **been completely free from any symptoms for at least 48 hours.** |  |
| Diarrhoea and/or vomiting (Gastroenteritis) | Children and adults with diarrhoea or vomiting should be **excluded until 48 hours after symptoms have stopped** and they are well enough to return. If medication is prescribed,  **ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.**For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea |  |
| E. coli (verocytotoxigenic or VTEC) | The standard  **exclusion period is until 48 hours after symptoms have resolved.**  However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances. | * Infected person must have a negative stool sample prior to returning to school. |
| Food poisoning | Until **48 hours from the last episode of vomiting and diarrhoea** and they are well enough to return. Some infections may require longer periods (local health protection team will advise) |  |
| Salmonella | Until **48 hours after symptoms have stopped** |  |
| Typhoid and Paratyphoid fever | Most people being treated for typhoid fever can return to work or school as soon as they start to feel better.  The exceptions to this are people who work with food and vulnerable people, such as children under 5, the elderly and those in poor health.  In these circumstances, you or your child should only return to work or nursery after tests on 3 poo samples taken at 48-hour intervals have shown that the bacteria are no longer present | * Infected person can only return to school after tests on 3 poo samples taken at 48-hour intervals have shown that the bacteria are no longer present   <https://www.nhs.uk/conditions/typhoid-fever/treatment/> |
| Flu (influenza) | Until recovered. |  |
| Tuberculosis (TB) | Pupils and staff with infectious TB  **can return to school after 2 weeks of treatment if well enough** to do so and as long as they have responded to anti-TB therapy. |  |
| Whooping cough (pertussis) | Stay off school, work or nursery until 48 hours after starting antibiotics, or 3 weeks after your symptoms started if you've not had antibiotics. | * Seek advice from 111 immediately regarding risk to pupils vulnerable to infection, follow medical advice - this may result in the infected person having to remain off school for a period greater than 2 days after starting treatment |
| Conjunctivitis | None |  |
| Giardia | You're most infectious from when your symptoms start until 2 days after they have passed. **Stay off school or work until your symptoms have stopped for 2 days.** |  |
| Glandular fever | Stay off school until feeling better. |  |
| Head lice | None | Following an outbreak parents / carers to be informed |
| Hepatitis A | Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice) | * **Suspected and /or confirmed cases all parents/carers to be notified starting with those who have pupils vulnerable to infection** |
| Hepatitis B | Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. | * **DSL to be informed immediately** |
| Hepatitis C | None | * **DSL to be informed immediately** |
| Meningococcal meningitis/ septicaemia | Once the child has been treated and has recovered, they can return to school. | * Cannot return to school until fully recovered. * Parents / Careers t bein formed of a case / outbreak |
| Mumps | It's advisable to avoid work or school for 5 days after your symptoms first develop if you're diagnosed with mumps. | * **Suspected and /or confirmed cases all parents/carers to be notified starting with those who have pupils vulnerable to infection** * **To remain off school until fly recovered** |
| Rotavirus | Stay off school, work or nursery until 48 hours after symptoms stop |  |