



DIOCESE OF  
**ST ALBANS**  
MULTI-ACADEMY TRUST

# Trust Policy

## Infection Control

<b>Policy type</b>	<b>Trust wide with local context</b>
<b>Reviewal timeframe</b>	<b>Every 2 years</b>
<b>Author/Responsible Officer</b>	<b>Chief Operating Officer</b>
<b>Board to be ratified</b>	<b>Finance, People and Operations Committee</b>
<b>Approved by</b>	<b>Sharon Carlyon</b>
<b>Date of ratification</b>	<b>20<sup>th</sup> February 2024</b>
<b>Date of next review</b>	<b>Spring 2 2026</b>

This policy is a mandatory policy for all DSAMAT Academies and must be implemented without any amendments



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## **Our mission, vision and values**

The Trust has a clear **mission** at its core, ensuring that all pupils are enabled to flourish, rooted in God's Love - academically, socially, spiritually, physically and mentally.

We have a clear **vision** about creating successful schools for the benefit of their communities. We expect any academy in the Trust to continuously improve. All academies provide rich and diverse curriculums which evolve to meet the needs of their children and local communities, as well as delivering educational excellence to enable them to flourish in later life.

The way we work and deliver against our mission is critical to our Trust. We have shared, agreed **values** of Hope; Nurture; Equality; Respect; Collaboration.

The Trust's vision is underpinned by a Christian values framework which is adopted by all Academies. It provides clear expectations for all DSAMAT employees on how the Trust wishes its values to impact on all areas of academy life. This draws on, and is informed by, the National Church of England Vision for Education and the Diocesan Board of Education Vision.

## **Our community**

The Trust is dedicated to delivering education that serves local communities. Our academies are inclusive, welcoming those from all and no faiths, from all abilities and backgrounds. We believe in providing a high-quality education, underpinned by Christian values, which enables every child to flourish.

Underpinning all of the Trust's work is a belief in educational excellence. The Trust serves all stakeholders by providing academies with the highest levels of academic rigour and pastoral care. Our academies are places where children and young people develop and thrive intellectually, socially, culturally and spiritually. All of the Trust's schools teach a broad and balanced curriculum within national guidelines focusing on core skills. This is designed to ensure that all pupils reach their academic potential and seek to enrich their experience along the way. Pupils will be enabled to succeed in an atmosphere of high expectation, aspiring to educational excellence with a firm foundation of values.

This policy forms part of our Trust governance and ensures that we are held to the highest standards as we carry out our duties.

## **Statement of Intent**

The Diocese of St Albans Multi Academy Trust (DSAMAT) is committed to open and honest communication and ensuring the highest possible standards in integrity – we will always treat whistleblowing as a serious matter.

In line with the Trusts commitment to openness, probity and accountability, all members of

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staff are encouraged to report concerns. This policy will work to ensure that, if an employee sees or suspects that something is wrong, they will raise this with the Trust. This is known as “whistle blowing” – a phrase that is used throughout this policy and should be viewed as a positive action of speaking up.

This policy seeks to ensure that any person suspecting malpractice knows how to raise concerns and what procedures are in place to deal with the concern.

This policy will be implemented and adhered to from the first day of any other academy joining the Trust. This policy should be read in conjunction with the DSAMAT Data Protection Policy.

For the remainder of this document, the Diocese of St Albans Multi Academy Trust will be referred to as DSAMAT.

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## 1. Background

Infections can easily spread in a school due to:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person.
- **Direct contact spread** – direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread** – contact with contaminated food or water or contact with infected faeces or unwashed hands.
- **Blood borne virus spread** – contact with infected blood or bodily fluids, e.g., via bites or used needles.

We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

This policy has due regard to legislation including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

This policy has due regard to statutory guidance including, but not limited to, the following

- DfE (2015) "Supporting pupils at school with medical conditions"
- UK Health Security Agency Guidance

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## 2. Responsibilities

### Headteacher Responsibilities

Shall ensure the following: -

- that employees 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,
- that infection control issues are considered when doing workplace assessments,
- that employees are instructed, monitored and up-dated in correct infection control procedures,
- that sharp's injuries are reported and that employees follow the needle stick injury procedure.

### Employee Responsibilities

The responsibility of the employee is to make sure that they are familiar with and follow, the infection control procedures for their own area.

## 3. Preventative Measures

### General Infection Control Procedures

All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice

The School/Trust will make every effort to ensure that staff/pupils have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques for example handwashing facilities.

Any staff who does not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform \*insert name of person\*.

### Sanitary facilities

Wall-mounted soap dispensers are used in all toilets – bar soap is never used.

A lidded waste-paper bin (ideally foot operated) is always made available where disposable paper towels are used. Toilet paper is always available in cubicles and suitable sanitary disposal facilities are provided where necessary.

### Personal care including nappy changing or soiled wet clothing

Good personal hygiene practices will be followed and appropriate PPE provided (disposable gloves and apron). See separate nappy changing procedure (**Appendix 1**).

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Any pupil that soils themselves will be treated with care and dignity and a suitable area provided for changing.

Any member of staff assisting with any personal care should wash their hands after.

Any soiled clothing should be double bagged ready to be taken home by pupil.

There is a designated changing area that is separate from play facilities and food and drink areas.

Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name.

Changing mats are wiped with soapy water or a baby wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a weekly basis for tears and damage and replaced if necessary.

There is a designated sink for cleaning potties. Potties are washed in hot, soapy water, dried and stored upside down. When cleaning potties, rubber gloves are used to flush waste down the toilet. Rubber gloves are washed after use (whilst still being worn), along with the wearer's hands.

Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

### **Continence aid facilities**

Pupils who use continence aids, e.g. continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

### **The Handling and Disposal of Clinical and Soiled Waste**

Any clinical waste should be disposed of in sealed yellow plastic sacks and collection arranged through the Local Authority or private waste collection company. Non-clinical waste should be disposed of in normal black plastic bags.

When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.

### **Cleaning Contractors**

Where a cleaning contractor is employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The **\*insert name of person\*** is responsible for monitoring cleaning standards and discussing any issues that may arise with the contractor.



## Toys and equipment

A written schedule is in place to ensure that toys and equipment are cleaned daily. Toys that are “soft”, e.g. modelling clay and “Play-doh”, are discarded whenever they look dirty.

Sandpits are covered when not in use and the sand is changed on a regular basis: four weeks for indoor sandpits and, for outdoor sandpits as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a weekly basis.

Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, daily, and the trough remains covered overnight.

## Handwashing

All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals. The Trust and its schools recognise that the majority of cross-infection is caused by unwashed or poorly washed hands which provide an effective transfer route for micro-organisms.

Regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. See the correct hand washing technique **Appendix 2** to this policy.

All staff should, at all times, observe high standards of hygiene to protect themselves and pupils from the unnecessary spread of infection

All staff should ensure that their hands are thoroughly washed and dried:

- When entering the building
  - After handling any body fluids or waste or soiled items
  - After using the toilet
  - Before handling foodstuffs
  - After smoking
  - Before and after handling medications
  - When leaving the school building
- 
- Pupils will also be encouraged to wash their hands thoroughly and frequently throughout the day.
  - Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels.
  - Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used it is important that they are kept on a clean soap dish when not being used.
  - Rub hands vigorously together until soapy lather develops and continue for at least 20 seconds ensuring that all surfaces of the hand are covered.
  - Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels in the workplace as they can harbour micro-organisms which can then be transferred from one person to person.
  - Discard paper towels into a bin (pedal bins are preferable).

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- It is important to ensure that the hand basin is kept clean.
- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times.
- Ordinary liquid soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- Alcohol based hand washing solutions may also be used in situations where effective hand washing is not possible.
- The use of alcoholic products (80%) for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required or to provide an alternative means of hand decontamination in situations where standard facilities are unavailable.

### **Bites**

If a bite does not break the skin, the affected area is cleaned with soap and water.

If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the school first aid log and medical advice is sought immediately.

### **The Use of Protective Clothing**

Adequate and suitable personal protective equipment and clothing should be provided to staff based on risk assessment.

All staff should who are at risk of coming into direct contact with body fluids or who are performing personal care tasks such as nappy changing should use disposable gloves and disposable aprons.

The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the **\*insert the relevant person\***.

### **Cleaning and Procedures for the Cleaning of Spillages**

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear protective gloves and aprons provided.
- **Disposable gloves should be worn. These should be vinyl gloves not latex which is known to cause allergic reactions in some people.**
- Any cuts on the hands or arms should be covered with waterproof plasters.
- Plastic disposable gloves should also be available
- 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.
- Leave for 10 minutes or follow the instructions enclosed with proprietary brand.
- Clean up spillage.

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- This can be disposed of by double bagging in with normal waste.

### **The Disposal of Sharps (e.g. Used Needles)**

- Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- A trained first aider should place the sharps in the box.
- Boxes should never be overfilled.
- When full, boxes should be sealed, marked as hazardous waste and collected by a hazardous licensed waste contractor.
- Staff should never attempt to force sharps wastes into an over-filled box.
- Sharps box is stored in **\*insert the specific place for your academy\***.

### **Blood and other bodily fluids**

Any cuts and abrasions are covered with waterproof dressings. When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.

Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. If there is a risk of splashing to the face, goggles are worn.

Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used. Always wearing PPE, and they are disposed of after use. Spillage kit are stored in **\*insert the specific place for your academy\***.

### **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, **\*list the relevant person or your school eg first aider and line manager\***:

- make the wound bleed for a few seconds, but do not suck the wound.
- wash the wound with soap and warm running water, do not scrub

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- cover the wound
- conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- Report the incident to the **\*relevant person for your school\***
- Accident form completed as soon as possible.

#### AS SOON AS POSSIBLE (WITHIN THE HOUR)

- Report the matter to your GP or the local A&E department.
- Take the accident form with you to the GP.
- If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
- However if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- Blood should be taken and tested for Hepatitis B.

#### Hepatitis B and HIV/AIDS

It is not considered necessary for the Hepatitis B or HIV/AIDS status of **employees** to be declared to managers. If the Infection Control Procedures are set out in these Guidelines are followed there will be no risk to either pupils or other employees.

#### Training

All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control.

#### 4. Pupil Immunisation

The school keeps up-to-date with national and local immunisation scheduling and advice via [www.nhs.uk/conditions/vaccinations](http://www.nhs.uk/conditions/vaccinations)

Each pupil's immunisation status is checked upon school entry and at the time of any vaccination by the school nurse.

Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.

The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.



A healthcare team will visit the school in order to carry out vaccinations and will be able to advise pupils if there are any concerns. A risk assessment will be conducted before any vaccinations take place

Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the school nurse/first aider following the school's procedures for sick and unwell pupils.

Any side effects from the vaccinations, e.g. becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.

Any medication required to relieve the side effects of a vaccination, e.g. painkillers, will be administered in accordance with the school's Managing Medication Policy.

Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.

Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.

The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.

Needles are kept away from pupils before and after the vaccine is administered.

Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

## 5. Staff Immunisation

Specific immunisation is not necessary for all school employees in the context of their work. Where a pupil bites then this may be identified through a pupil risk assessment.

Staff should be up to date with immunisations; in particular, we encourage the following:

- **Hepatitis B:** We do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, we encourage immunisation.
- **Rubella:** Female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles) virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, expect during pregnancy.



## **6. Animals in School**

Animals in schools are strictly controlled with specific risk assessments.

The school has confirmed that adequate insurance arrangements are in place with their Trust insurance policy.

Only trained animals are considered for school pets. Animals are always supervised when in contact with pupils, and anyone handling animals will wash their hands immediately afterwards.

All animals receive recommended treatments and immunisations, are groomed, and checked for any signs of infection on a weekly basis by their owner.

Feeding areas are kept clean and pet food is stored away from human food.

The headteacher ensures that a knowledgeable person is responsible for each animal.

Visits to farms are strictly controlled by the policies and protocols contained in our Farm Visit Risk Assessment. Visits to zoos are strictly controlled by use of our Visit to the Zoo Risk Assessment

## **7. Water Based Activities**

### **Swimming lessons**

General swimming lessons are governed by the control measures outlined in the Swimming Risk Assessment.

### **Other activities**

Alternative water-based activities are only undertaken at reputable centres

Pupils and staff cover all cuts, scratches, and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed

After canoeing or rowing, staff and pupils immediately wash or shower.

If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities

## **8. Flu**

Each Academy within DSAMAT has a Flu plan in place in preparation of seasonal flu or a pandemic.

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If there is a case of Flu or an outbreak of vomiting and diarrhea strict control at an early stage is essential to prevent further spread.

Implement strict infection control measures. Ensure that a person or persons are nominated to implement control measures. Provide advice to staff and pupils

Follow government guidance in place for flu.

## 9. Vulnerable Pupils

Pupils with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, e.g. chemotherapy, that has a similar effect.

The school nurse/first aider will be notified if a child is “vulnerable”. Parents are responsible for notifying the school if their child is “vulnerable”.

If a vulnerable child is thought to have been exposed to an infectious disease, the child’s parents will be informed and encouraged to seek medical advice from their doctor or specialist.

## 10. Procedures for unwell pupils/staff

Staff are required to know the warning signs of pupils becoming unwell including, but not limited to, the following:

- Not being themselves
- Not having a snack
- Not eating at lunchtimes
- Wanting more attention/sleep than usual
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin

Where a staff member identifies a pupil as unwell, the pupil is taken to the **\*insert specific place per school\***, where their temperature will be taken by **\*insert relevant staff members/roles\***, and the pupil’s parents will be informed of the situation.

Where the **\*insert relevant staff members/roles\*** is unavailable, staff will:

- Attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing
- Provide the pupil with a drink of water
- Move the pupil to a quieter area of the classroom or school
- Ensure there is a staff member available to comfort the pupil
- Summon emergency medical help if required



Pupils and staff displaying any of the signs of becoming unwell they will be sent home, and we will recommend that they see a doctor.

If a pupil is identified with vomiting or diarrhoea, the pupil's parents will be contacted immediately, and the child will be sent home and may only return after 48 hours have passed without symptoms.

If a staff member is suffering from vomiting or diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Per the NHS, diarrhoea is defined as 'three or more liquid or semi-liquid stools within a 24-hour period in adults and older children or any change in bowel pattern in young children.'

### **11. Contaminated clothing**

If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil, and parents are advised of the best way to launder the clothing.

If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

### **12. Exclusion**

Pupils suffering from infectious diseases will be excluded from school on medical grounds for the minimum recommended period following Government guidance.

[https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources?utm\\_source=pocket\\_mylist](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources?utm_source=pocket_mylist)

If parents insist on their child returning to school when the child still poses a risk to other, the Headteacher may contact the child's parents to require them to keep the child away from school until the child no longer poses a risk of infection.

If a pupil is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion: however, the local health protection team (HPT) may be contacted to advise on a case-by-case basis.

### **13. Outbreaks and Infectious Diseases**

As soon as an outbreak is suspected (even if it cannot be confirmed), the headteacher will contact the HPT to discuss the situation and agree if any actions are needed and inform the Deputy CEO.

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The headteacher will provide the following information:

- The number of staff and children affected
- The symptoms present
- The date(s) the symptoms first appeared
- The number of classes affected

If the headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.

The HPT will provide the school with draft letters and factsheets to distribute to parents.

The HPT will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.

If a member of staff suspects the presence of an infectious disease in the school, they will contact the school nurse for further advice.

If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers and the school nurse.

A pupil returning to school following an infectious disease will be asked to contact the school nurse.

If a pupil is identified as having a notifiable disease, as outline in the guide to Infection Absence Periods, the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local PHT.

During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The SBM/Office Manager will liaise with the cleaning contractor to ensure these take place

#### **14. Pregnant Staff Members**

Pregnant employees will need to be given special advice of certain infectious diseases such as German Measles (Rubella) and Chicken Pox (Varicella-Zosta). As employees might not be aware that they are pregnant everyone should be informed if there are cases of German Measles or Chicken Pox in an establishment.

Employees 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.



## **15. Staff Handling of Food**

Any member of the food handling staff who reports that they are suffering from diarrhea and/or vomiting should be excluded from food preparation or serving until they are symptom free plus 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 disease.

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.

The school will follow Government guidance on managing cases of infectious diseases in schools and other childcare settings. <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

## **16. Monitoring & Review**

All members of staff are required to familiarise themselves with this policy as part of their induction programme

The SLT of each school will review this policy at regular intervals as part of their H&S procedures. Any suggestions of necessary changes will be communicated to the Deputy CEO.

The Deputy CEO will review this policy every two years or sooner as required, and will make any changes necessary, taking into account the current effectiveness of infection control and prevention and feedback from school leaders.



## **Further Information**

Local Health Protection Team [Find your local health protection team in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/find-your-local-health-protection-team-in-england)

Government website <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#infection-prevention-and-control>

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

List of infections and exclusions table [Children and young people settings: tools and resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/children-and-young-people-settings-tools-and-resources)

[What infections are, how they are transmitted and those at higher risk of infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/what-infections-are-how-they-are-transmitted-and-those-at-higher-risk-of-infection)

[Managing outbreaks and incidents - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/managing-outbreaks-and-incidents)



## Appendix 1 Template Nappy Changing Policy and Procedure – Including the Handling of Soiled/Wet Clothing

**\*Insert School name where applicable or delete appendix if not\*** is happy to change children's nappies and does not ask parents / carers for their child to be toilet trained on joining the pre – school.

Nappy changing and cleaning/changing a child who has soiled/wet their clothing takes place in accordance with the individual child's needs and not in accordance to the pre – school routine.

All School staff members have current Disclosure and Barring Service checks (DBS). Any new member of staff whom is awaiting their criminal records check will not be permitted to work in the pre-school or change a child's nappy/clothing or be left alone with children at any time.

Also volunteers or visitors to the pre – school will not be permitted to change a child's nappy/soiled/wet clothing.

A 'Parent Helper' joining their child's normal session is able to change their own child's nappy/clothing in the toilet. It is the responsibility of staff to ensure the parent helper is informed at the beginning of the session that they are not permitted to change other children's nappies/clothing and should not be left alone with other pre-school children to safeguard the child and the parent/carer.

Before taking a child to change their nappy/ soiled/wet clothing, the staff member responsible will inform another member of staff. This is to ensure other staff members do not worry if they have seen that a child is missing from the group and also it is to ensure that staff members are aware of where other members of staff are.

A nappy changing sheet is signed and dated by members of staff every time a child's nappy is changed or if a child clothing is soiled/wet.

Children's nappies will be changed in the shower room cubicle on the bed. Staff members will ensure that the area is clean before changing a child's nappy/soiled clothing/wet clothing. Children wanting to use the toilets are asked to wait until the nappy changing procedure is completed to ensure privacy to the child being changed.

During the induction process parents/carers are clearly informed that nappies are not disposed of on the premises, instead nappies are placed in a nappy sack and put in the children's bags to dispose of at home.

Parents/carers supply nappies, wipes and cream for their child in a clearly named bag.



## **Procedure for Changing a Nappy**

When changing a child's nappy, staff members ensure that health, hygiene and safety for the child and themselves is maintained. The member of staff changing a nappy will follow the procedure stated below:

- Adult to wash hands,
- Clean nappy changing mat, using an anti-bacterial spray,
- Put on a disposable apron and pair of gloves,
- Use the child's supplied nappies, wipes and cream. (Staff members need to inform parents / carers of extra nappies and wipes),
- Depending on child's age, encourage the child to take off their own clothing and lay on the bed,
- Take off the used nappy and place it in the nappy sack,
- Clean child's bottom with wipes, ensuring they are clean. Place used wipes in the nappy sack,
- Once a child's nappy has been changed use an anti-bacterial spray to clean the nappy mat and wipe with paper towels.
- Dispose of used aprons, gloves and paper towels in the white bin located on the window sill.
- Children's nappies to be put in the child's bag.
- Staff members will wash their hands.
- Staff members support children to wash their hands.
- Complete the nappy changing sheet.

## **Changing Soiled/Wet Clothing**

When changing a child's soiled/wet clothing, staff members ensure that health, hygiene and safety for the child and themselves is maintained. The member of staff will follow the procedure stated below:

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- Collect the child's clean clothing or collect spare clothing from their clothing peg bag.
- Adult to wash hands,
- Put on a disposable apron and pair of gloves,
- Support the child when removing soiled/wet clothing and place it in the nappy sack and clearly write child's name and contents of bag on a sticker.
- If possible flush away stools caught inside a child's underwear and rinse underwear in the toilet.
- Clean child's bottom with wipes, ensuring they are clean. Place used wipes in a separate nappy sack and put in the white bin located on the window sill,
- Dispose of used aprons and gloves in the white bin located on the window sill.
- Depending upon child's age and ability help them to get dressed into clean clothing,
- Staff members will wash their hands.
- Staff members support children to wash their hands.
- Child's soiled/wet clothing to be put in the child's bag.
- Complete the nappy changing sheet.
- Inform parent/carer that child has been changed.





## Appendix 2 - Correct Hand Washing Technique

Removing all dirt and contaminants from the skin is extremely important. Hands and other soiled parts of the body should be cleaned frequently throughout the shift and the following times:

- when entering the school
- After going to the toilet
- Before and after any break
- After nappy changing/personal care
- when visiting the toilet.
- When leaving the school

The correct method of cleaning is also important. Developing a good hand washing technique is imperative to ensure hands are thoroughly clean. Particular attention should be paid to the backs of the hands and fingertips as these are frequently missed.

It is usual to wet hands before dispensing a dose of soap into a cupped hand, however for heavily soiled hands it is advisable to apply the appropriate specialist hand cleanser directly to the skin before wetting. In all cases, it is important to follow the manufacturer's recommended instructions.



1. Rub palm to palm



2. Rub palm over back of hand, fingers interlaced



3. Palm to palm, fingers interlaced



4. Fingers interlocked into palms



5. Rotational rubbing of thumb clasped into palm



6. Rotational rubbing of clasped fingers into palm



The skin should always be properly dried to avoid risk of chapping particularly during cold weather. Clean disposable towels should be available at all times as the use of 'communal' towels can lead to contamination.

Where it is not possible to wash hands then alcohol gel (at least 60% alcohol content) must be used.