	Valence School Westerham Road, Westerham, Kent. TN16 1QN	
Infec	Infection Prevention and Control Policy (Nov 2022)	
This policy has been written for	All staff and students at Valence School	
Copies of this policy may be obtained from	 The School web site - <u>https://www.valenceschool.com/</u> It is available as a hard copy on request from reception. Hard copies for reference are filed in the staff resource room 	
Edition, Review frequency and dates	Date written:14 th November 2022 Date agreed and ratified by Governors: 28 th November 2022 Date of next review: November 2025 This policy will be reviewed every 3 years and/or following any updates to national and local guidance and procedures.	
Relevant statutory guidance, circulars, legislation & other sources of information are	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: Public Health England* (2019) 'Health protection in schools and other childcare facilities' DfE (2015) 'Supporting pupils at school with medical conditions' Food Standards agency – Safer foods better business for Caterers Food Safety Act 1990 NICE Guidelines Infection Prevention and Control 2014 	
	*(Public Health England was replaced by the UK Health Security Agency in 2022)	
	Related school policies and guidance include: Covid risk assessment; Dress Code; Health and Safety Policy; Code of conduct; Risk Assessment cleaning supplies/ cleaning operations; Risk Assessment general waste/clinical waste; Supporting Students with Medical needs; Medication Management Policy; Pool safety operating procedures	

The lead members of staff are	Vice Principal – Head of Safeguarding & Social Care Business & Premises Manager Lead Nurse / Deputy Lead Nurse
Definitions and key terms used in this policy	PHE – Public Health England (Public Health England was replaced by the UK Health Security Agency in 2022) UKHSA – UK Health Security Agency HPT – Health Protection Team (Advisory team managed by UKHSA) COSHH – Control of Substances Hazardous to Health DSL - Designated Safeguarding Lead CPOMS – Child Protection Online Management System
The Rationale and Purpose of this policy	This is a core policy that forms part of the induction for all staff. It is a requirement that all members of staff have access to this policy and comply with the procedures identified within the document.
Key Personnel	 Roland Gooding (Principal) Contact details: email: rgooding@valence.kent.sch.uk Tel: 01959 565627 (Ext 1100) / 07896905605 Lisa Kavanagh (Vice Principal – Head of Safeguarding & Social Care) Contact details: email: lkavanagh@valence.kent.sch.uk Tel: 01959 567810 (Ext 1103) / 07912 124724 Matt Strange (Vice Principal – Teaching & Learning) Contact details: email: mstrange@valence.kent.sch.uk Tel; 01959 562156 (Ext 1102) / 07894483673 Pauline Headley (Finance, Business & Premises Manager) Contact details: email: pheadley@valence.kent.sch.uk Tel: 01959 567844 (Ext 1401) / 07595 201196 Jackie Thompson (Cleaning Supervisor) Contact details: email: ithompson@valence.kent.sch.uk Tel; 01959 562156 (Ext 2255) Hannah Casper (Deputy Lead Nurse) Contact details: email: hcasper@valence.kent.sch.uk Tel: 01959 567846 (Ext 1600) Claire Louise Langridge (Deputy Lead Nurse) Contact details: email: clangridge@valence.kent.sch.uk Tel: 01959 567846 (Ext 1600)

	Many of the students who attend Valence school have medical
Introduction and Ethos	conditions that affect their immune systems (known as immune- compromised) and have conditions such as stomas that make them more vulnerable to infections. The consequences of infection to these students are likely to be significantly more serious than in those students with a more effective immune system. These students are especially vulnerable to chickenpox, measles, or parvovirus B19. Parents and carers need to be informed promptly and further medical advice sought if students are exposed to any of these infections.
	When students are attending school, they are in a close contact environment with both staff and other students making it easier for any infections to be passed on. Good hand washing is one of the most important ways of controlling the spread of infection.
	It is also important that staff are aware of infection prevention measures and do not attend school when they are themselves infectious. Staff to be aware of wellbeing practices that will enable them to stay fit and healthy.
	All visitors should sanitise their hands on arrival in school before using the visitor check in system.
Roles and Responsibilities	Infection and prevention and control is the responsibility of everyone at Valence school. The Nursing Team and the Cleaning Supervisor are responsible for day-to-day management of infection, prevention and control concerns with overall responsibility being the Senior Leadership Team. Nurses can be contacted on ext.1030 and the Cleaning Supervisor on ext.2255 or via Reception or the walkie talkie system if required.
Training	Staff at Valence school should have a clear understanding of how infections are spread and to know how to prevent the spread of infections. All staff should be aware that infections can easily spread at school due to the close-contact nature of the environment

- All new staff are required to attend Infection Prevention and Control training during their induction to Valence school and attend regular updates.
 All staff to have knowledge of Infection Prevention and
- Control policy.

Environment	The housekeeping team is led by the Cleaning Supervisor and can be contacted on ext. 2255 or via the walkie talkie system or Reception.
	 All areas should be cleaned regularly as part of a cleaning schedule. Care Suites and toilets to be cleaned daily, and especially when visibly dirty. All care suites should contain No Admittance signage to be put on the door if an additional clean is need prior to further use.
	 Frequent hand contact sites such as doorknobs and stair rails are likely to be contaminated with harmful micro- organisms and have a high risk of transferring infection. It is therefore essential to clean and disinfect these sites daily and more frequently in peak infection times.
	 Surfaces such as floors, walls and furniture generally offer a low risk of contamination and germ transfer. These surfaces should be cleaned as part of a regular cleaning schedule. Carpeted areas will be vacuumed regularly as well as shampooed or steam cleaned as required.
	 All spillages of bodily fluids should be cleaned up immediately. Staff wearing PPE (aprons and gloves) should use disposable paper towels to clean up spillages and then clean area with Universal wipes. Everything used should be placed in a clinical waste bag (yellow bag).
	 Staff to notify the Cleaning Supervisor of all such incidents, so that a deep clean of the area can be co- ordinated.
	 Environmental cleaning cloths are made from a non- shredding fibre and used with the colour-coded system (Appendix 1). All cloths will be used once and discarded.
	 All mops/mop handles are colour coded, with heads that can be removed and placed into a washing machine after every use on high temperature daily.
	 All cleaning solutions used should be handled and stored in accordance with manufacturer's instructions and should be stored in a cool, dry and well-ventilated locked room. These chemicals should also only be used in well ventilated areas. Expiry dates should be checked routinely, and stock should be rotated to optimise use. COSHH guidelines should be always followed.

Environment	 Any soiled clothing should be placed in a red bag and sent home with day students. Any soiled clothing or linen to be washed at Valence should be placed in one of the sluices washing machines, still in the red bag and washed at a high temperature. Ensure PPE(apron and gloves) is worn when handling soiled linen or clothing If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean with universal wipes after play. The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded. Soft modelling, play dough and sand should be replaced termly. Students should be reminded to wash their hands before and after use.
Domestic and Clinical Waste	 Domestic and clinical waste must ALWAYS be segregated – Domestic waste will go in to general waste bin in black sacks All clinical waste such as PPE, pads, dressings should be placed in yellow bags and placed in foot operated bins. All clinical waste bags should be kept less than two-thirds full and then stored in a dedicated, secure area when waiting collection. All clinical waste must be removed by a registered waste contractor. Domestic waste is stored in designated areas separate from clinical waste and collected weekly. All sharps should be discarded into a sharps bin conforming to BSBS 7320 and UN 3291. Sharps bins and blue medication disposal bins should be kept off the floor and out of the reach of children, all bins are labelled with opening and closing dates (sharp bins are located in the clinic rooms).
Legionnaires Disease	Valence school is aware of the risk of Legionnaires disease and carries out the following checks: weekly flushes of all low used water outlets, quarterly disinfectant clean on all shower heads and monthly water temperature monitoring which is carried out by an outside agency such as WCS Group. All records of these checks are kept in the site managers office.
Equipment	Students' equipment should be wiped down, sanitised regularly and where possible, steam cleaned if the student has a suspected infection.

Food Preparation	All kitchen staff should wear appropriate protective clothing whilst in the kitchen area which cannot be worn outside of their working environment.
	As a minimum qualification, all staff who work in either the kitchen or the Home Living Areas and who are involved in the preparation of food must hold and comply with the required practice outlined in the Level 2 Food Safety & Hygiene Certificate (renewed every three years).
	All staff involved in handling food should be aware that they may present a health risk to both students and staff if they become infected or have close contact with diseases that can be passed on to others via the medium of food and drink. Staff are advised to follow the school's absence policy and maintain stringent infection controls measures including robust hand hygiene practice.
Hand Hygiene	Good hand washing is one of the most important ways of controlling the spread of infection, especially those that cause diarrhoea and vomiting, and respiratory disease.
	Correct hand washing procedures should be followed (Appendix 2) with posters available as a reminder, in all toilet facilities.
	The recommended method is to use liquid soap, warm water, and paper towels. Please ensure that hands are dried thoroughly to avoid spreading contamination and causing skin damage such as dermatitis. An alcohol-based hand gel can be used in areas when soap and water are not readily available, but this must be used on clean hands and must never be used when hands are visibly soiled or potentially contaminated with body fluids.
	Hands should always be washed –
	 At the beginning and the end of the working day Before and after close contact with students Before and after donning and doffing PPE After using the toilet Before preparing, serving, and eating food Before helping any students with their food After sneezing or blowing your nose and after touching used tissues After any health care intervention Before and after messy play, sand play After any cleaning activity Whenever hands are visibly dirty

	Other precautions include -
	 Keeping nails short and clean - false nails should not be worn. Avoid or remove rings (especially those with stones and ridges) when working directly with students. Any bracelets (especially fabric / non-metal bracelets) should not be worn by staff caring directly for students. Any cuts or abrasions should be covered with waterproof dressings. Staff are advised to wear blue kitchen plasters if they are involved in food preparation. Care staff and catering staff are advised to wear garments that enable lower arms to be bare for food preparation or care procedures.
Coughing and sneezing	Coughing and sneezing can easily spread infections so staff and students should be encouraged to cover their mouth and nose with a tissue or to cough or sneeze into their elbow and then wash their hands. Spitting should be discouraged.
Personal Protective Equipment (PPE)	Disposable aprons and disposable gloves (that should be latex free) are essential PPE in Valence school and are intended to offer protection from body fluids which may contain infections. All staff must wash their hands before donning PPE and after doffing PPE.
	They should be worn for:
	 Personal care, Gastrostomy feeding and care, Assisting student to use cough assist machine, Medical/nursing procedures, Cleaning (especially care rooms and wet environments) Always when in close contact with someone who is known/suspected to have an infection.
	All PPE must be disposed of in the yellow clinical waste bins provided.

Vaccinations	All staff and students are encouraged to have all their routine vaccinations. Staff complete a health questionnaire before commencing employment at Valence School.
	Staff and students are encouraged and offered the opportunity to have their annual flu vaccination at Valence school during the Autumn term.
	All staff and students as applicable are encouraged to have their Covid vaccinations – see Covid policy.
	Pregnant staff who are in contact with an infectious disease are advised to contact their GP or midwife.
In the event of infection: Preventing the spread of infection	 Students should not come into school if they are clinically unwell i.e. The student has been vomiting and/or had diarrhoea, students should remain at home until 48 hours has passed since the last episode. The student has a high temperature The student has untreated conjunctivitis The student has had an infection and the minimum recommended exclusion period has not yet passed. The student feels clinically unwell and is needing additional attention and is unable engage in the curriculum. The student has a positive Covid test
	Staff should also avoid coming into work if they are unwell and may spread their infection to other staff or students.
	Parents are reminded when collecting unwell students by either nurses or receptionist that students should remain absent from school until 48 hours have passed since their last bout of vomiting or diarrhoea and there are regular reminders of this policy in the school newsletter (re Public Health England / UK Health Security Agency guidelines)

All notifiable diseases should be reported to the UK Health Security

Agency (Staff may refer to Appendix 3 for guidance on infectious diseases and skin rashes and infections)

Outbreaks of infection	An outbreak is defined as "having two or more students or staff with an infection, caused by the same microorganism, at the same time in the same place" PHE 3 March 2021
	If there is an outbreak of infection, UKHSA (Health Protection Team) should be contacted.
	UKHSA Kent Health Protection Team (South East) Level Two Civic Centre, Tannery Lane, Ashford, TN23 1PL
	Phone: 0344 225 3861
	Out of hours for health professionals only: please phone 0844 967 0085
	If an infection is identified at Valence school
	 All staff to ensure that they wear PPE and adhere to good hand hygiene practices and avoid touching any contaminated surfaces. If a care suite is identified as an area used by a student with an infectious illness a 'no admittance' sign should immediately be placed on the care suite to prevent any other students using the care suite. (See Appendix 4 flow chart for managing a student with a vomiting and diarrhoea outbreak) Student should be taken to isolation room with a carer who should wear full PPE. Nurse and DSL/Senior on Call notified. Parents will be contacted and asked to collect the student from school (task delegated in agreement with the Senior on call). If a residential student develops an infectious illness, they should be isolated within the home living area and the duty manager and nursing team contacted for advice. Residential students should also be sent home if unwell, but this may not always be appropriate depending on the time of night and DSL and nurses' discretion. Students should not share rooms if one of them has a suspected infectious illness. Students may have to move rooms to accommodate this. If the student has been vomiting and/or had diarrhoea, students should remain at home until 48 hours has passed since the last episode. The housekeeping team should be contacted to carry out a deep clean.

Responding to signs of infection	 All staff should know the signs and symptoms of an infection. This may include: Fever Chills and sweats Change in cough or a new cough or discoloured sputum/phlegm (yellow or green) Sore throat or new mouth sore Shortness of breath Diarrhoea Vomiting Redness, tenderness, discharge, heat, from either a stoma site or wound Nasal congestion Pain when urinating/offensive smelling urine Lassitude/fatigue All students who are unwell should be assessed in school by a registered nurse who will liaise with Senior on Call to ensure whether it is appropriate for the student to remain in school or to be sent home.
Personal Care	Robust hand hygiene is required after doffing the required PPE (apron and gloves) when supporting students with personal care needs. Shoe protectors are also available when showering students. All PPE and any continence aids and equipment used (including catheter bags and bladder syringes) should be disposed of in the yellow clinical waste bin.
Swimming and Hydrotherapy Pools	Use of the swimming pool, hydrotherapy pool and changing facilities is in accordance with each student's individual risks assessment, the School's Environment/Activity risk assessment and the Pool Safety Operating Guidelines. Daily checks are completed to ensure that the temperature and water quality meets requirements prior to use. Staff are also encouraged to complete a dynamic assessment of student needs prior to the session. Access may be delayed or deferred if the student appears unwell. Any warts and verrucae should be covered in swimming pool and changing areas.

Animal handling and farm visits	Students and staff are required to wash their hands promptly and thoroughly after encountering any animals. Farm visits and animal handling activities will be risk assessed to ensure adequate facilities and provision is readily available.
	Staff may contact the local environmental health department for specific advice. For further information see www.hse.gov.uk/pubns/ais23.pdf.

Needle stick injury	For sharps injuries and bites where the skin is broken, encourage the wound to bleed and wash thoroughly using soap and water. Staff are advised to contact their GP or seek immediate treatment (A&E / Minor injuries)
	(See Appendix 5)

Chain of infection	Most infection and prevention and control measures aim to break the chain of infection at the point of transmission.	
	 Staff at Valence are to ensure that they are carrying out effective handwashing at the appropriate times. 	
	 Valence staff carry out effective environmental cleaning 	
	All Valence staff to follow Universal Precautions	
	 All staff involved in preparing food to follow food preparation standards. 	

Appendix 1

Colour codes for mops and cleaning cloths – Area specific coding.

TOILET AREAS Care rooms, toilets, showers, basins and floors

KITCHEN AREAS

Catering areas, kitchen areas and food service areas

GENERAL CLEANING

General areas including teaching, offices and public areas

ISOLATION

Isolation areas, bloodor body fluids and infection control cleaning



Guidance on infection control in schools and other childcare settings



Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on

or visit www.hpa.org.uk if you would like any further advice or information, including the latest guidance.

Rashes and skin infections

	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: Vulnerable Children and Female Staff – Pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). SEE: Female Staff – Pregnancy
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). SEE: Vulnerable Children and Female Staff – Pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	SEE: Vulnerable Children and Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

	Recommended period to be kept away from school, nursery or childminders	Comments
'Flu (influenza)	Until recovered	SEE: Vulnerable Children
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary

Other infections

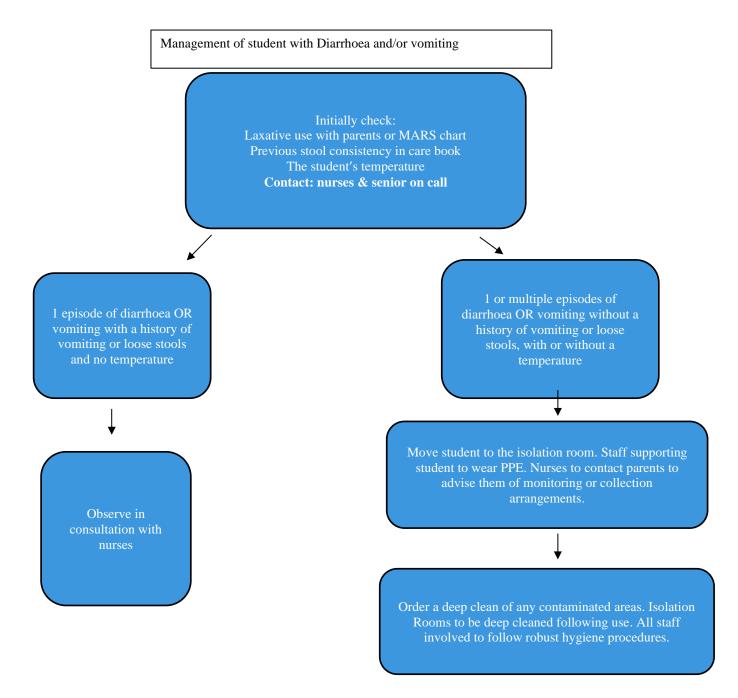
	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria *	Exclusion is essential. Always consult with your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU.

Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

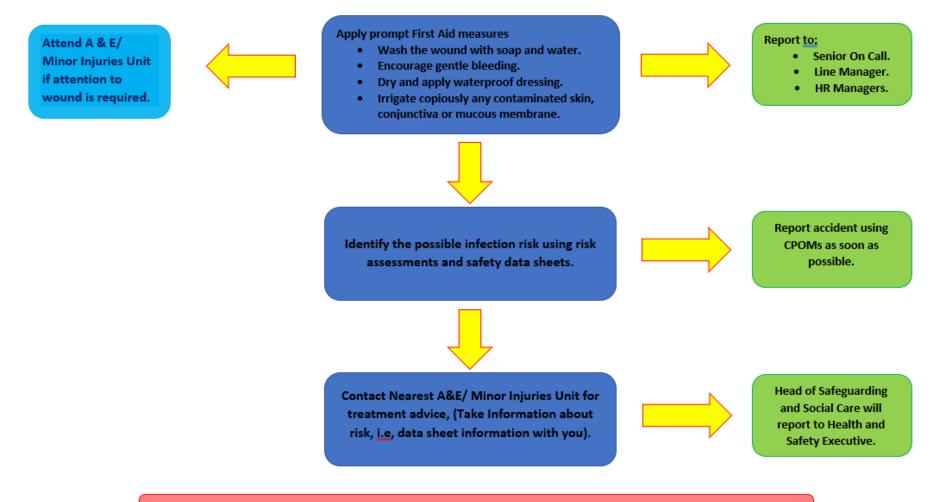
Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.

Appendix 4



Accidents Procedures

In case the case of injuries from glass, sharps or splashes from substances with an infection risk.



EVERY GLASS, SHARPS INJURY OR SPLASH FROM A SUBSTANCE WITH AN INFECTION RISK IS POTENTIALLY SERIOUS