

# INFECTION CONTROL POLICY 2025-2026

# Applies to:

This guidance is applicable to all employees and / or contractors of the School who undertake activities associated with infection control.

# **Availability:**

This policy is made available via the school website.

# Monitoring and Review:

- This policy will be subject to continuous monitoring, refinement and audit by the Headmistress.
- The Proprietor undertakes a formal review of this policy for the purpose of monitoring and
  of the efficiency with which the related duties have been discharged, by no later than one
  year from the date shown below, or earlier if significant changes to the systems and
  arrangements take place, or if legislation, regulatory requirements or best practice
  guidelines so require. The key priorities from the review are incorporated into the School
  Development Plan on an annual basis.

# Reviewed by:

M Lerker

Michelle Jenkin (Headmistress)

Date: 1st September 2025

Kane Andrews (Proprietor)
Date: 1<sup>st</sup> September 2025

**Related Documents:** 

# **Infection Control Policy**

# **CONTENTS**

1.	AIMS AND OBJECTIVES	4
	LEGISLATION AND GUIDANCE	
	RESPONSIBILITY	
	GENEREAL PRINCIPLES	
4.1.	Bites, injuries and sharps:	4
4.2.	Animals	4
4.3.	Vulnerable Children	4
5.	PREGNANCY	5
6.	MEDICAL CONDITION AND IMMUNISATIONS	5
7.	PROCEDURE FOR DEALING WITH SUSPECTED INFECTIOUS DISEASE	5

#### 1. AIMS AND OBJECTIVES

St John's Priory School aims to prevent the spread of infection by:

- · maintaining a clean environment, and
- practising good standards of personal hygiene

#### 2. LEGISLATION AND GUIDANCE

This policy pays due regard to:

- Handbook for the Inspection of Schools The Regulatory Requirements, Section B,Part 3 (www.isi.net)
- Health and Safety Executive, (www.hse.gov.uk/)
- · Health and Safety at Work" Section H of the ISBA Model StaffISBA Handbook,
- Immunisations (<u>www.gov.uk</u>)
- Health protection in children and young people settings, including education UKHSA (www.gov.uk)

#### 3. RESPONSIBILITY

The School Business Manager will be responsible for the implementation and review of this guidance

# 4. GENEREAL PRINCIPLES

Good hygiene practice will be followed by all those involved with:

- general cleaning;
- cleaning of blood and body fluid spillages;
- · clinical waste;
- · laundry; and
- use of personal protective equipment (PPE) PPE is used to protect staff from the risk of cross infection when dealing with waste.

#### 4.1. Bites, injuries and sharps:

Where skin is broken, the wound will be washed thoroughly with soap and water, and the incident will be passed to a first aider for treatment

#### 4.2. Animals

Animals can carry infections, so always hands must be washed after any contact.

When visiting farms we will check hand washing facilities and aim to ensure that children do not eat or drink whilst touring the farm, or put fingers into mouths etc.

Waterproof plasters will be uses to protect any cuts or grazes not covered by clothes

#### 4.3. Vulnerable Children

Some medical conditions make children vulnerable to infections that would not normally be serious by reducing immunity. These may include cancers and those on steroids. Such individuals are particularly vulnerable to chickenpox and measles. If they are exposed contact the DSL must be contacted immediately.

Shingles is caused by the same virus as chickenpox and therefore anyone who has not had chickenpox is potentially vulnerable if they have had contact with a case of shingles. Medical advice should be sought.

#### 5. PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash then medical advice should be sought immediately.

Specifically:

- **German measles (rubella)** If a pregnant woman comes into contact with German Measles she should inform her GP and ante-natal carer immediately.
- Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. Any potential exposure should be reported to the ante-natal carer.
- **Chickenpox** can affect the pregnancy if a woman has not already had the infection. Any potential exposure should be reported to the GP and ante-natal carer.

#### 6. MEDICAL CONDITION AND IMMUNISATIONS

Parents and carers are required to inform us of any pre-existing medical conditions when a pupil enrols at the School. These details are logged on our information system and shared with appropriate staff. Immunisation status is also requested at this point, and at such times where immunisations services visit the School to administer vaccines, Where a child has missed any immunisations, the family should seek advice from their medical practitioner.

# 7. PROCEDURE FOR DEALING WITH SUSPECTED INFECTIOUS DISEASE

In the event of a member of staff suspecting any form of infection, they will inform a member of SLT, who will consult the advice provided by official sources.

Where a common infectious ailment, such as chickenpox, is identified or where concern persists without identification of the infection, immediate medical assistance will be sought, and parents/carers will be contacted.

Whenever confirmation is made of any infectious disease, the School' will take direction on exclusion from the official sources, or in cases of doubt, after seeking appropriate medical advice.