



INFECTION CONTROL POLICY FOR HOLT FARM INFANT SCHOOL

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POLICY TO BE REVIEWED January 2027

The Policy was formally adopted by the Governing Board.	Date: 10.02.26
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Rationale

As part of our Health and Safety policies and procedures the school has a Policy for dealing with Infection Control.

We recognise our roles and responsibilities as an employer. We are required by law to protect our employees, and others, from harm. Following the Management of Health and Safety at Work Regulations 1999, our risk assessment is structured as follows:

- Identify what could cause injury or illness in the organisation (hazards).
- Decide how likely it is that someone could be harmed and how seriously (the risk).
- Take action to eliminate the hazard, or if this isn't possible, control the risk.

We will be guided by the local Director of Public Health and the Local Authority Health Protection Team (HPT) and also the UKHSA (United Kingdom Health Security Agency - formerly Public Health England). As part of the risk assessment process, the school will consult with all recognised trade unions and staff members in order to ensure full involvement, trust and joint problem solving. Face to face education for children is hugely important for their health and future. We have reviewed our risk assessment in the light of the government's next steps for living with Covid. This infection control risk assessment embraces living safely with respiratory infections, including Covid-19.

Childhood infections are common and for most children the risk of severe disease is low. Infections can be acquired at home or in the community and brought into school, or indeed caught and spread within school. Infections are caused by micro-organisms such as bacteria, viruses, fungi and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and can even be beneficial. However, some germs can cause infections, when they get into the wrong place, which can result in symptoms such as fever and sickness

Prevention and Control measures

1. Environment or placement of someone who develops an infection
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment
5. Safe management of the environment
6. Safe management of equipment
7. Safe management of linen or soft furnishings
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)

10. Occupational safety or managing prevention of exposure to infection (including needle stick or sharps injuries, and bites)

How infections spread

A key element of our risk assessment is the understanding of how germs are spread and actions that can be taken to break the chain of infection.

Airborne spread

- Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by. Examples of infections that are spread in this way are the common cold, COVID-19, influenza, and whooping cough.
- Droplets from the mouth or nose may also contaminate hands, cups, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. Direct contact spread
- Infections of the skin, mouth and eye may be spread by direct contact with the infected area to another person's body. Examples of infections spread in this way are scabies, headlice, ringworm and impetigo.
- Gastro-intestinal infections can spread from person to person when infected faeces are transferred to the mouth either directly or from contaminated food, water or objects such as toys or toilet flush handles. Examples of infections spread in this way include hepatitis A and Shiga Toxin-producing Escherichia Coli (STEC)

Environmental surfaces such as door handles and tables may also be contaminated with infectious particles. This can occur with viral gastroenteritis (for example, norovirus) because vomit contains many infectious virus particles.

- Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and HIV.
- 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.

Transmission based precautions

Contact precautions

- Used to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This is the most common route of cross-infection from one person to another (transmission of infection). Droplet precautions

- Measures used to prevent, and control infections spread over short distances (at least one metre) via droplets from the respiratory tract of one person directly onto the eyes, nose or inside the mouth (a mucosal surface or conjunctivae) of another person. Droplets then spread into the respiratory system.

Airborne precautions

- Measures used to prevent, and control infection spread without necessarily having close contact with another person via small respiratory particles (aerosols) from the respiratory tract of one person directly into a mucosal surface or conjunctivae of another person. Aerosols can penetrate deep into the lungs (respiratory system).

Groups at higher risk from infection

- For most children and young people, the risk from common infections is low and few will become seriously unwell.

Some people have impaired immune defence mechanisms in their bodies either as a result of a medical condition or due to treatment they are receiving (known as immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.

- Most people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. Children in this group should continue to attend school unless advised otherwise by their clinician.
- Usually the school will be aware of these children and young people and it is important this information is shared with the school nurse.
- If a child who may be at higher risk due to their immune system is thought to have been exposed to an infection such as chickenpox or measles in the school setting, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.
- Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation. Pregnant women should consult their midwife or GP immediately if they come into contact with positive cases of measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby.