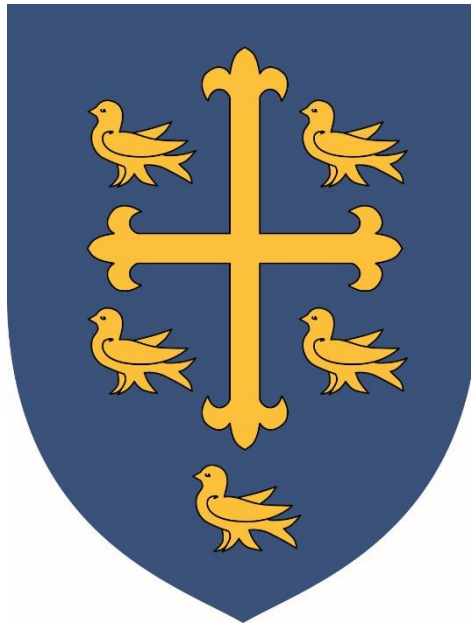


St. Edward's Catholic Primary School



Primary Infection Control Policy 2026/27

'Jesus is at the heart of all that we do'

At St. Edward's, we are committed to safeguarding and promoting the welfare of the children and adults in our school, and we have the same expectation of our staff and volunteers.

Policy agreed/Signed by: _____
(Mr K Connolly – Chair of Governors)

Date: _____

Agreed on: September 2026

Review date: September 2027

SAINT EDWARD'S CATHOLIC PRIMARY SCHOOL
PRIMARY INFECTION CONTROL SEPTEMBER 2026

STATEMENT OF INTENT

At St. Edward's, we are committed to safeguarding and promoting the welfare of the children and adults in our school, and we have the same expectation of our staff and volunteers.

Saint Edward's School aims to provide a safe and caring environment for all members of staff and students.

The safety and health of all of the community are of great importance.

Throughout the school year, it is common for children to become unwell. The purpose of this policy is to outline the precautions that St. Edward's Catholic Primary School takes, and the procedures in place to prevent the spread of illness and infectious diseases within the school.

St. Edward's Catholic Primary School actively prevents the spread of infection through the following measures

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment

St. Edward's Catholic Primary School follows the current UK Health Security Agency (UKHSA) guidance, Health protection in children and young people's settings, including education, including current public health exclusion guidance.

The practice in this policy applies to the whole school and is carried out in conjunction with the following other policies:

- Health and Safety Policy
- Managing Medical Needs Policy

_____September 2026_____

Written

_____Mrs N Akhtar _____

Co-Ordinator

_____September 2027_____

Review Date

1. HYGIENE PRACTICE

1.1 St. Edward's Catholic Primary School encourages good personal hygiene practice through the following measures:

- Posters are displayed throughout the school encouraging all pupils, staff members and visitors to wash their hands after using the toilet, before eating or handling food, after touching animals, and following any other actions that increase the risk of the spread of infection, such as coughing or sneezing.
- Sufficient soap, warm water and paper towels are made available for everyone to wash their hands in all toilets.

The school will ensure access to liquid soap, warm water and paper towels. Alcohol hand gel may be used where appropriate when hands are not visibly dirty, but it is not a substitute for handwashing with soap and water and is not effective against some organisms that cause gastroenteritis, including norovirus.

- Where necessary, younger pupils are supervised by an adult to ensure they have washed their hands. (Especially on trips such as to the farm)
- Pupils, staff and visitors will be encouraged to cover their nose and mouth with a disposable tissue when coughing or sneezing, dispose of the tissue immediately in a waste bin and clean their hands. Where a tissue is unavailable, individuals should cough or sneeze into the inner elbow rather than their hands.
- Pupils, staff members and visitors are discouraged from touching any stray animals that may come onto the school premises.

1.2 Cleaners are employed to carry out thorough and frequent cleaning that follows the national guidance and is compliant with control of substances hazardous to health (COSHH) regulations and the school's Health and Safety Policy.

1.3 All contracted cleaners are appropriately trained to use personal protective equipment (PPE).

1.4 Any spillages of bodily fluids are cleaned up immediately with a combination of detergent and disinfectant and always wearing PPE (Personal Protective Equipment).

1.5 Mops will never be used to clean up bodily fluid spillages, instead, paper towels will be used and discarded as clinical waste, as described in point 1.4.

1.6 Any pupil's soiled clothing should be hygienically bagged in a yellow bag and given to the parent to take home and should never be rinsed by hand.

1.7 Clinical waste must be stored in the yellow clinical waste bags, no more than two-thirds full, and in the grey first aid bin in the First Aid Room, lower floor next to the staff room, before it is removed by the registered waste contractor, Initial Hygiene Solutions.

1.8 Should a child with diabetes be in school, all sharps must be discarded immediately into the sharps bin, which is kept out of reach of the children, in the relevant classroom.

1.9 **Parents should not bring their child to school in the following circumstances; -**

- The child shows signs of being poorly or needing one-to-one attention
- The pupil is too unwell to participate in normal school activities, has a high temperature and is unwell, or current UKHSA guidance advises that they should remain away from the setting.
- The child has taken, or needs to take, infant paracetamol, ibuprofen or Calpol
- The child has been vomiting and/or diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended period to be kept away from school, outlined in **Appendix 1** has not yet passed.

Head lice do not require exclusion from school. Where head lice are noticed, parents/carers will be informed sensitively and advised to treat the infestation appropriately. Wider communication to parents/carers will be considered where proportionate and necessary, with due regard to confidentiality.

2. IMMUNISATION

- 2.1 St. Edward's Catholic Primary School keeps up-to-date with national and local immunisation scheduling and advice.
- 2.2 St. Edward's Catholic Primary School encourages parents to have their children immunised.
- 2.3 The school will promote awareness of available immunisations and will follow its current pre-employment, occupational health and risk-assessment arrangements. Staff who may be particularly vulnerable to infection will be supported to seek appropriate clinical or occupational-health advice.

3. INFECTIOUS DISEASES

- 3.1 If a member of staff suspects the presence of an infectious disease in the school, they should contact Medical Needs Lead for further advice.
- 3.2 If a parent informs the school that their child carries an infectious disease, other pupils should be observed for similar symptoms.
- 3.3 Parents of a pupil returning to the school following an infectious disease will be asked to contact Medical Needs Lead.
- 3.4 Where the school becomes aware of a suspected or confirmed notifiable disease, or an outbreak or cluster of infectious illness, the Medical Needs Lead/Headteacher will seek advice from the local UKHSA Health Protection Team where required and follow the actions advised. Medical practitioners have separate statutory duties to notify UKHSA of specified notifiable diseases.

4. FIRST AID

- 4.1 First Aiders should thoroughly wash their hands with soap and water before and after giving first aid.
- 4.2 Disposable gloves are provided in all first aid boxes and bags and should be worn for all tasks involving bodily fluid.
- 4.3 All cuts and abrasions should be covered with blue waterproof dressings.
- 4.4 Splashes of blood and/or bodily fluids from another person, which enter the eyes or mouth of the first aider, should be immediately washed out using copious amounts of water.

- 4.5 Splashes of blood and/or bodily fluids that fall on the skin of the first aider should be washed thoroughly with soap and water.
- 4.6 Where the skin has been pierced, and it is possible that there has been contact with blood from another person, the first aider should encourage the wound to bleed then wash the area thoroughly and cover with a blue waterproof plaster.

5. HEAD LICE

- 5.1 Staff are not permitted to inspect any pupil's hair for head lice.
- 5.2 However, if a staff member happens to notice head lice in a child's hair, they should inform the parent/carers and advise them to treat the child's hair.
- 5.3 When a child has been identified as having a case of head lice, a letter will be sent home to all parents in the year group, notifying them that a case of head lice has been reported and asking all parents to check their own child's hair.

6. PROCEDURES FOR UNWELL PUPILS/STAFF

- 6.1 If a staff member notices a pupil is displaying warning signs of being unwell, such as not being themselves (e.g. not having a snack, wanting more attention, appears to be overly tired), and/or is displaying physical signs of being unwell (e.g. watery eyes, flushed face, clammy skin), the child's temperature may be taken and the parent/carers informed of the situation. (The average **normal** oral **temperature** is 98.6°F (**37°C**). A forehead thermometer is usually 0.5°F (0.3°C) to 1°F (0.6°C) lower than an oral temperature.)
- 6.2 Where a staff member identifies a child as unwell they will ask the office staff to phone home and keep the child in a cool place in class until parents can collect.
- 6.3 Staff can help by:-
- Attempting to cool down the pupil, if they are too hot, by removing top layers of clothing and opening a window
 - Provide the child with sips of water
 - Move the child to a quieter area of the classroom or school
 - Ensure there is a staff member available to comfort the child
 - Summon emergency medical help if required
- 6.4 Pupils and staff displaying any signs of infection will be sent home and recommended to see a doctor.
- 6.5 If a pupil is presents with vomiting or diarrhoea, the parent/carers will be contacted immediately and the child must go home, and **only return after 48 hours have passed with no symptoms.**
- 6.6 If a staff member is suffering from vomiting or diarrhoea, they will be sent home and told not to return until 48 hours have passed without symptoms.

- 6.7 If the school is unable to contact the parent/carer in any situation, the child's first emergency contact will be contacted.
- 6.8 Parents are asked to disclose if their child has a medical condition which makes them vulnerable to infection.
- 6.9 If a vulnerable child, which includes those being treated for leukaemia or other cancers, those on high doses of steroids and those with conditions that seriously reduce immunity, is exposed to chicken pox or measles, the parent/carer will be informed immediately and further medical advice sought.
- 6.10 Pupils and staff should not return to school, following an infectious illness, any sooner than the recommended absence period outlined in **Appendix 1**.

7. PREGNANT STAFF

- 7.1 Pregnant staff, staff who may be pregnant, and staff who may be particularly vulnerable to infection should seek prompt advice from their GP, midwife, occupational health service or other appropriate healthcare professional following relevant exposure. The school will undertake or review an individual workplace risk assessment where appropriate.
- 7.2 The workplace can pose a risk of infection to pregnant women. If a pregnant member of staff develops a rash or is in direct contact with someone with a potentially infectious rash, it is recommended that they see a GP or Midwife.
- 7.3 If a pregnant woman has been exposed to chicken pox and she has not already had the infection, she should report the exposure to her GP and midwife.
- 7.4 If a pregnant woman comes into contact with German measles or measles, she should immediately inform her GP and Midwife for investigation.
- 7.5 If a pregnant woman is exposed to slapped cheek (fifth disease or parvovirus B19) before she is 20 weeks pregnant, she should inform her Midwife to allow prompt investigation.

8. MEDICATION

- 8.1 Medication will be managed in accordance with the school's Managing Medical Needs Policy 2026-27 and any instructions provided by the prescriber, pharmacist or relevant healthcare professional. A pupil's attendance will be determined by their health, ability to participate in school and any applicable UKHSA exclusion guidance, rather than solely by whether medication has recently commenced.
- 8.2 The child should only come into school 24 hours after the first dose of medication, to allow it time to take effect and to check for side effects.

The school will monitor patterns of illness and absence that may indicate an outbreak or cluster of infection. Where an outbreak is suspected, or where required by current UKHSA guidance, the Headteacher or Medical Needs Lead will seek advice from the local UKHSA Health Protection Team and implement the recommended control measures. Records will be maintained appropriately and confidentiality respected.

APPENDIX 1: Recommended period to be kept away from school after infection.

This appendix should be read alongside the current UKHSA public health exclusion guidance. Where UKHSA guidance is updated or differs from the information below, the current UKHSA guidance will take precedence.

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by the UKHSA Health Protection Team.

* Identifies a notifiable disease. It is statutory requirement that the doctors report these diseases to the UKHSA Health Protection Team.

INFECTION	RECOMMENDED PERIOD TO STAY AWAY FROM SCHOOL	COMMENTS
Rashes and Skin Infections		
Athlete's Foot Scaling or cracking of the skin, particularly between the toes, or blisters containing fluid. The infection may be itchy.	None	Treatment recommended, however, this is not a serious condition. Advised to seek GP support.
Chicken Pox * Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Some mild infections may not present symptoms.	At least 5 days from onset of rash and until all blisters have crusted over.	Follow procedures for vulnerable children and pregnant staff. Advised to contact GP.
Cold Sores The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister. After blistering, they break down to form ulcers then dry up and crust over.	None	Cases are advised not to touch the cold sore, or to break or pick the blisters. Sufferers of cold sores should avoid kissing people and should not share items such as cups, towels and facecloths.
Conjunctivitis The eye(s) become reddened and swollen, and there may be a yellow or green discharge. Eyes may feel itchy and 'gritty'.	None	Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes. The Health Protection Team will be contacted if an outbreak occurs.
Respiratory infections, including COVID-19 A new, continuous cough and a high temperature are the main symptoms of coronavirus.	Parental discretion and GP advice Pupils should not attend if they have a high temperature and are unwell.	Follow current UKHSA guidance and seek healthcare advice where clinically indicated. If they become seriously ill or believe their life is at risk, parents must seek medical advice at their own discretion call 111 or 999 emergency services.
German measles (Rubella) * A viral infection that causes a red rash on the body, fever and swollen lymph nodes. The infection can spread from person to person through contact with droplets from an infected person's sneeze or cough	Six days from onset of rash	Preventable by immunisation (MMR) Follow procedures for pregnant staff.

Hand, foot and mouth rashes Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters will develop on cheeks, hands and feet. Not all cases will have symptoms.	None	If a large number of pupils/staff are affected contact the UKHSA Health Protection Team
Impetigo Red sores that quickly rupture, ooze for a few days and then form a yellowish-brown crust. The sores usually occur around the nose and mouth but can be spread to other areas of the body by fingers, clothing and towels. Itching and soreness are generally mild.	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Encourage children and family members not to share clothing or towels.
Measles * The initial symptoms of measles can include: a runny or blocked nose. sneezing. watery eyes. swollen eyelids. sore, red eyes that may be sensitive to light. a high temperature (fever), which may reach around 40C (104F) small greyish-white spots in the mouth. aches and pains	Four days from onset of rash	Preventable by vaccination. Follow procedures for vulnerable children and pregnant staff
Molluscum Contagiosum Are raised, round and flesh coloured spots (smaller than 6 millimetres) in diameter. Characteristically have a small dot at the top near the centre. Can become red and inflamed.	None	A self-limiting condition. No harmful effects upon a person's condition.
Ringworm A scaly ring-shaped area, typically on the buttocks, trunk, arms and legs. May itch. A clear or scaly area inside the ring, perhaps with a scattering of red bumps. Slightly raised, expanding rings. A round, flat patch of itchy skin. Overlapping rings.	Exclusion not usually required	Treatment is required from the pharmacist or doctor.
Roseola (Infantum) Roseola typically starts with a sudden, high fever — often greater than 103 F (39.4 C). Some children also may have a sore throat, runny nose or cough along with or preceding the fever. Once the fever subsides, a rash typically appears — but not always.	None	None
Scabies Itching, mainly at night.	Can return to school after first treatment	The infected person's household and those who have been in close contact will need treatment also

Rash usually occurs between the fingers, but can spread quickly. Scratching the itchy rash can cause sores, thick crusts on the skin.		
Scarlet Fever * Flu-like symptoms with a temperature of 38 degrees upwards. Sore throat and swollen glands. Rash appears a few days later that feels like sandpaper. White coating on the tongue develops. Rash does not appear on cheeks but appears flushed.	24 hours after commencing antibiotic treatment	Antibiotic treatment recommended
Slapped Cheek (5th disease or parvovirus B19) The first sign of slapped cheek syndrome is usually feeling unwell for a few days, with a high temperature of 38C or more, a runny nose and sore throat and a headache. Rash then appears over face and body.	None	Follow procedures for vulnerable children and pregnant staff. Once rash has appeared, the child is no longer contagious.
Shingles Early symptoms of shingles may include fever and general weakness. May also feel areas of pain, burning, or a tingling sensation. A few days later, the first signs of a rash appear, pink or red blotchy patches on one side of your body.	Stay away from school only if rash is weeping and cannot be covered	Spread by close contact. Can cause chicken pox in those who are not immune. Follow procedures for vulnerable children and pregnant staff
Warts and Verrucae Warts are small, rough lumps or growths on your skin caused by the human papilloma virus (HPV). Most people get one at some point in their lives. You can get them anywhere, but warts are most common on your hands, knees and feet. A wart on the sole of your foot is called a verruca .	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

INFECTION	RECOMMENDED MINIMUM PERIOD TO STAY AWAY FROM SCHOOL	COMMENTS
Diarrhoea and Vomiting Illnesses		
Diarrhoea and/or vomiting	48 hours from the last episode of diarrhoea or vomiting	None
E.coli *	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice
Typhoid * and paratyphoid * (enteric fever)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice
Shigella * (dysentery)	48 hours from the last episode of diarrhoea or vomiting Some children may require exclusion until they have stopped dramatically excreting	Further exclusion may be necessary for under-fives and those who have difficulty adhering to hygiene practice
Cryptosporidiosis *	48 hours from the last episode of diarrhoea or vomiting	Exclusion from swimming or 2 weeks after diarrhoea has settled is recommended
Respiratory Infections		
Flu (influenza)	Until recovered	Follow procedures for vulnerable children

Tuberculosis *	Consult the UKHSA Health Protection Team for recommendation	Requires prolonged close contact to spread
Whooping cough * (pertussis)	Five days from commencing antibiotic treatment	Preventable by vaccination. On-
INFECTION	RECOMMENDED MINIMUM PERIOD TO STAY AWAY FROM SCHOOL	COMMENTS
Other infections		
Conjunctivitis	None	If an outbreak occurs, contact the UKHSA Health Protection Team
Diphtheria *	Consult the UKHSA Health Protection Team for recommendation – exclusion is always necessary	Preventable by vaccination. Family contacts must be excluded until cleared to return by the UKHSA Health Protection Team
Glandular Fever	None	None
Head Lice	None	Treatment is recommended
Hepatitis A *	Seven days after the onset of jaundice or other symptoms	In an outbreak, the UKHSA Health Protection Team will advise control measures
Hepatitis B *, C and HIV/AIDS	None	Not infectious through casual contact. Follow procedures for bodily fluid spills
Meningococcal meningitis * /septicaemia *	Until recovered	Meningitis C is preventable by vaccination. The UKHSA Health Protection Team will advise on any action needed. There is no reason to exclude those who have been in close contact.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The UKHSA Health Protection Team will advise on any action needed. There is no reason to exclude those who have been in close contact
Meningitis viral *	None	Milder form of meningitis. There is no reason to exclude those who have been in close contact
MRSA	None	Good hygiene is important to minimise the spread
Mumps *	Five days after the onset of swelling	Preventable by vaccination
Threadworms	None	Treatment recommended for the infected person and household contacts
Tonsillitis	None	None