



Copnor Primary School

Health protection in education and childcare settings

This policy is based upon guidance provided by the Government, available at:

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities?utm_source=01%20April%202022%20C19&utm_medium=Daily%20Email%20C19&utm_campaign=DfE%20C19. It has been written as a replacement to the Response to COVID-19 documentation although the Outbreak

Management Plan will remain in place until at least September 2022 and will be considered where there is a confirmed or actual outbreak of COVID-19.

N.B: References directly from the relevant guidance will be indicated through the use of inverted commas ‘ ’.

Aim

As stated in the guidance, ‘Attending face to face education or childcare is hugely important for children and young people’s health and their future. As we learn to live safely with coronavirus (COVID-19), the imperative remains to reduce disruption to children and young people’s education.’ The school is committed to safety and as such we aim to take all reasonable actions to prevent infections happening and spreading. As a school, we are committed to deal with them immediately when they occur in order to support the minimisation of disruption to the children’s education.

Infections in education

‘Childhood infections are common and for most children and young people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into education or childcare settings or acquired and spread within the setting.

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.’

Standard Infection Prevention and Control Precautions

‘There are 10 elements of Standard Infection Prevention and Control Precautions which when carried out effectively help reduce the risk of transmission of infections:

- Environment or placement of someone who develops an infection
- Hand hygiene
- Respiratory and cough hygiene
- Personal protective equipment
- Safe management of the environment
- Safe management of equipment
- Safe management of linen or soft furnishings
- Safe management of blood and body fluids
- Safe disposal of waste (including sharps)
- Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)’

Environment or placement of someone who develops an infection

Prompt exclusion of children, young people and staff who are unwell with an infectious disease is essential to preventing the spread of infection in education and childhood settings.

The school will refer to Chapter 3: public health management of specific infectious diseases when deciding whether a child is able to attend school. It is available at:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases>

This list is summarised in the Exclusion Table:

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

The school has Procedures for Isolating Children (Appendix 1) and these should be followed by staff in cases where a child or children are required to isolate before being sent home.

Staff or students who are close contacts of people who are unwell with an infectious disease or an infection do not usually need to be excluded from the setting. The school will follow advice from the health protection team (HPT) if there are specific precautions to be taken in response to managing a case or outbreak. They will contact the school directly if this is required.

In most cases, parents and carers will agree that a child who is unwell and has symptoms of an infectious illness, such as a fever should not attend the school, given the potential risk to others. However, if a parent or carer insists on a child with symptoms attending the school, where they have a confirmed or suspected case of an infectious illness, the school will take the decision to refuse the child if, in the school's reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from a setting for a longer period of time. This will be advised by the HPT.

For Copnor Primary School, the local HPT's details are as follows:

UKHSA Hampshire and Isle of Wight Health Protection Team (South East)
Fareham Borough Council Civic Offices, Civic Way,
Fareham,
PO16 7AZ

ICC.HIOW@phe.gov.uk

Phone: 0344 225 3861

Children with mild, respiratory symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education or childcare setting.

Hand hygiene

'Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.'

The school ensures that staff and children have access to liquid soap, warm water and paper towels (for example, warm water is accessible in the toilets). Bar soap will not be used (in line with current guidelines). All staff and children 'are advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals.'

'Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus.'

Respiratory and cough hygiene

'Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.'

Spitting is discouraged and the school takes active steps when spitting is identified to prevent its reoccurrence, for example, by speaking to the individual concerned or providing a social story.

‘Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette, specifically:

- cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene
- cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
- keep contaminated hands away from the mucous membranes of the eyes and nose
- carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials’

Personal protective equipment

The school maintains a stock of personal protective equipment. ‘If there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons should be worn.

Gloves and aprons should be disposable, non-powdered vinyl/nitrile or latex-free and CE marked. Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face.’

Aerosol generating procedures (AGP). Where an AGP is required, the school is committed to supporting a child with this procedure to enable the child to continue their education and care, where it is safe to do so. The school will follow the procedures outlined in the Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 which is available at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations#infection-control-precautions-for-seasonal-respiratory-infections>

Safe management of the environment and the safe management of equipment

‘Keeping education and childcare settings clean, including toys and equipment, reduces the risk of infection. It is especially important to clean surfaces that people touch a lot.’

The school’s cleaning schedule clearly describes the activities required, the frequency of cleaning and who will carry them out. Cleaning standards are monitored regularly by the school.

Cleaning staff are appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks.

‘Cleaning with detergent and water is normally all that is needed as it removes the majority of germs that can cause disease.’

Separate equipment is used for kitchen, toilet, classroom and office areas. Cleaning equipment used is disposable or, if reusable, disinfected after each use.

The Site Manager monitors cleaning standards and discuss any issues with cleaning staff, or contractors employed by the school, such as Caterlink staff.

Cleaning solutions is stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.

All areas or surfaces in contact with food, dirt or bodily fluids are regularly cleaned and disinfected. Training is provided for the use of any equipment and chemicals. Operation and maintenance of equipment is according to the manufacturer’s instructions and includes regular dishwasher interior cleaning cycles.

Enhanced cleaning during an outbreak or incident

In the event of an outbreak of infection at the school, the school will follow the advice of the UKHSA HPT team as they may recommend enhanced or more frequent cleaning, to help reduce transmission.

Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.

Plans have been developed for such an event to show how the school might carry this out which could also include during term time.

Sanitary facilities

‘Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap, wall mounted with disposable cartridges, is available.

In toilets where there are disposable paper towels are next to basins in wall mounted dispensers, together with a nearby foot-operated wastepaper bin. In the other toilets, where paper towels are not used, there are electric hand dryers.

Toilet paper is available in each cubicle.

Suitable sanitary disposal facilities are provided where there are females including children aged 9 or over using the toilets.

Safe management of linen or soft furnishings

Clothing may become contaminated with blood or bodily fluids. If this occurs, clothing should be removed as soon as possible and placed in a plastic bag. It should be sent home with the child with advice for the parent/carer on how to launder the contaminated clothing, namely that:

Any contaminated clothing should be washed separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate.

Managing nappies

Occasionally, children attending the school will still be using nappies. Children in nappies have a designated changing area (the disabled access toilet in KS1). In line with the guidance, it is away from play facilities and any area where food and/or drink is prepared or consumed; has appropriate hand washing facilities available.

Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.

Staff involved in managing nappies should:

wrap soiled nappies in a plastic bag before disposal in the general school waste

clean children’s skin with a disposable wipe (flannels should not be used)

label nappy creams and lotions with the child’s name and do not share with others.

Safe management of blood and body fluids

‘Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately, wearing PPE. Use gloves and an apron if anticipate splashing and risk assess the need for eye protection.’

‘Spillages must be cleaned using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer’s guidance should always be followed.’

‘Use disposable paper towels or cloths to clean up blood and body fluid spills. These should be disposed of immediately and safely after use.’ A spillage kit is available for bodily fluids like blood, vomit and urine.

Safe disposal of waste (including sharps)

‘Under the waste management duty of care, education and childcare settings must ensure that all waste produce is dealt with by a licensed waste management company.’ The school has ensured that this is the case.

Any used PPE will be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

Occupational safety or managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

‘Occasionally children, young people or staff may injure themselves with discarded used hypodermic needles which they have found. If this happens then dispose of the needle safely to avoid the same thing happening to someone else.

‘If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

wash the wound thoroughly with soap and warm running water

cover the wound with a waterproof dressing

record it in the accident book and complete the accident form

seek immediate medical attention or advice from your local accident and emergency department or occupational health provider.’

Additional information regarding symptoms of respiratory infections, including COVID-19

This additional information is based upon on the guidance, People with symptoms of a respiratory infection including COVID-19, available at:

<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

‘Respiratory infections can spread easily between people. It is important to be aware of symptoms so you can take action to reduce the risk of spreading your infection to other people.

The symptoms of COVID-19 and other respiratory infections are very similar. It is not possible to tell if you have COVID-19, flu or another respiratory infection based on symptoms alone. Most people with COVID-19 and other respiratory infections will have a relatively mild illness, especially if they have been vaccinated.

If you have symptoms of a respiratory infection, such as COVID-19, and you have a high temperature or you do not feel well enough to go to work or carry out normal activities, you are advised to try to stay at home and avoid contact with other people.

Symptoms of COVID-19, flu and common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

If you are feeling unwell with these symptoms you should get plenty of rest and drink water to keep hydrated. You can use medications such as paracetamol to help with your symptoms. Antibiotics are not recommended for viral respiratory infections because they will not relieve your symptoms or speed up your recovery.

In some cases, you might continue to have a cough or feel tired after your other symptoms have improved, but this does not mean that you are still infectious.

‘You can find information about these symptoms on the NHS website. If you are concerned about your symptoms, or they are worsening, seek medical advice by contacting NHS 111. In an emergency dial 999.’

‘What to do if you have symptoms of a respiratory infection, including COVID-19, and have not taken a COVID-19 test

Try to stay at home and avoid contact with other people

If you have symptoms of a respiratory infection, such as COVID-19, and you have a high temperature or do not feel well enough to go to work or carry out normal activities, try to stay at home and avoid contact with other people, until you no longer have a high temperature (if you had one) or until you no longer feel unwell.’

‘It is particularly important to avoid close contact with anyone who you know is at higher risk of becoming seriously unwell if they are infected with COVID-19 and other respiratory infections, especially those whose immune system means that they are at higher risk of serious illness, despite vaccination.’

‘When children and young people with symptoms should stay at home and when they can return to education

Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend their education setting.’

‘Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where they can. They can go back to school, college or childcare, and resume normal activities when they no longer have a high temperature and they are well enough to attend.’

‘All children and young people with respiratory symptoms should be encouraged to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands after using or disposing of tissues.’

‘What to do if you have a positive COVID-19 test result’ (over 18)

‘Try to stay at home and avoid contact with other people

If you have a positive COVID-19 test result, it is very likely that you have COVID-19 even if you do not have any symptoms. You can pass on the infection to others, even if you have no symptoms.’

‘Many people with COVID-19 will no longer be infectious to others after 5 days. If you have a positive COVID-19 test result, try to stay at home and avoid contact with other people for 5 days after the day you took your test.’

‘At the end of this period, if you have a high temperature or feel unwell, try to follow this advice until you feel well enough to resume normal activities and you no longer have a high temperature if you had one.’

‘Although many people will no longer be infectious to others after 5 days, some people may be infectious to other people for up to 10 days from the start of their infection. You should avoid meeting people at higher risk of becoming seriously unwell from COVID-19, especially those whose immune system means that they are at higher risk of serious illness from COVID-19, despite vaccination, for 10 days after the day you took your test.’

Children and young people aged 18 years and under who have a positive test result

‘It is not recommended that children and young people are tested for COVID-19 unless directed to by a health professional.’

‘If a child or young person has a positive COVID-19 test result they should try to stay at home and avoid contact with other people for 3 days after the day they took the test, if they can. After 3 days, if they feel well and do not have a high temperature, the risk of passing the infection on to others is much lower. This is because children and young people tend to be infectious to other people for less time than adults.’

‘Children and young people who usually go to school, college or childcare and who live with someone who has a positive COVID-19 test result should continue to attend as normal.’

COVID-19 test kits retained by school

The school have a limited number of LFT tests. These will be retained and then provided to the staff were there to be a suspected outbreak at the school.

Keeping occupied spaces well ventilated

‘Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections.’

The school keeps occupied spaces well ventilated to help reduce the amount of respiratory germs.

During the COVID-19 pandemic the Department for Education provided education settings with access to CO2 monitors for staff to be able to identify where ventilation required improvement and these will continue to be used.

If there are areas of the setting identified that may have poor ventilation, then the following will be completed:

- partially opening windows and doors to let fresh air in
- opening higher level windows to reduce draughts
- opening windows for 10 minutes an hour or longer can help increase ventilation – where possible this can happen when the room is empty in between lessons, for example

The school will aim to balance the need for increased ventilation while maintaining a comfortable temperature.

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 children 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 children 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 their education or childcare setting unless advised otherwise by their clinician.’

‘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.’

The school nurse will be consulted where needed in order to support with a child’s education.

Pregnancy

‘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.’

In all emergency situations adults must ultimately act in the interests of the child and whilst they should follow the policy they must exercise their common sense in making judgements.

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