Infection Control Policy

23 October 2026

About This Document

Annual Policy Period	2026 - 2027
Policy Adopted by Governors	1 June 2020
Last Policy Review	23 October 2026
Next Policy Review	September 2027

History

Version	Date	Name	Description
0.1	1 Jun - 2020	René Esterhuizen, Headteacher	First release. DRAFT
1.0	1 Jun - 2020	School Governors	Approved and adopted.
1.1	22 Aug - 2021	School Governors	Reviewed and approved.
1.3	15 Sep - 2022	School Governors	Reviewed and approved.
1.4	25 Jul - 2023	School Governors	Reviewed and approved.
1.5	16 May - 2024	School Governors	Reviewed and approved.
1.6	11 June - 2025	René Esterhuizen, Headteacher	Reviewed, no changes.
1.7	23 Oct - 2026	René Esterhuizen, Headteacher	Reviewed, no changes.

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1. Introduction

1.1. Read in conjunction with:

i. Health and Safety Policy

ii. Critical Incident Policy

2. Aim And Objectives

2.1. This document aims to provide the school community with guidance when preparing for, and in the event of an outbreak of an infection such as Covid19. It contains a checklist of actions to aid planning and preparing for an outbreak of Covid19 and clarifies communication procedures.

3. Principles

3.1. The school recognises that infections such as Covid19 are new. Therefore, we recognise the need to be prepared.

3.2. There are important actions that children and young people, their parents and those who work with them can take during the coronavirus (COVID-19) outbreak, to help prevent the spread of the virus.

3.3. In all education, childcare and social care settings, preventing the spread of coronavirus (COVID-19) involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. These include:

i. minimising contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend childcare settings, schools, or colleges

ii. cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered

iii. ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

iv. cleaning frequently touched surfaces often using standard products, such as detergents and bleach

v. minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

3.4. Infections are likely to spread particularly rapidly in schools and as children may have no residual immunity, they could be amongst the groups worst affected. We recognise that closing the school may be necessary in exceptional circumstances in order to control an infection. However, we will strive to remain open unless advised otherwise.

3.5. Good pastoral care includes promoting healthy living. School staff will give pupils positive messages about health and well-being through lessons and through conversations with pupils.

4. Planning And Preparing

4.1. What happens if someone becomes unwell at an educational or childcare setting?

i. If anyone in an education or childcare setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste of smell (anosmia), they must be sent home and advised to follow the COVID-19: guidance for households with possible coronavirus (COVID-19) infection guidance.

ii. If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

iii. If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

iv. PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

v. In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

vi. If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'What happens if there is a confirmed case of coronavirus (COVID-19) in a setting?' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance.

4.2. What happens if there is a confirmed case of coronavirus (COVID-19) in a setting?

i. When a child, young person or staff member develops symptoms compatible with coronavirus (COVID-19), they should be sent home and advised to self-isolate for 7 days and arrange to have a test to see if they have COVID-19. They can do this by visiting NHS.UK to arrange or contact NHS 119 via telephone if they do not have internet access. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus (COVID-19) and are encouraged to get tested in this scenario.

ii. Where the child, young person, or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

iii. Where the child, young person, or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for

14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person, or staff member they live with in that group subsequently develops symptoms.

iv. As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health England's local health protection teams will conduct a rapid investigation and will advise schools and other settings on the most appropriate action to take. In some cases, a larger number of other children, young people may be asked to self-isolate at home as a precautionary measure – perhaps the whole class, site, or year group. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary.

5. Infection Control

5.1. Infections are usually spread from person to person by close contact, for example:

i. Infected people can pass a virus to others through large droplets when coughing, sneezing or even

ii. talking within a close distance.

iii. Through direct contact with an infected person: for example, if you shake or hold their hand,

iv. and then touch your own mouth, eyes, or nose without first washing your hands.

v. By touching objects (e.g., door handles, light switches) that have previously been touched by an

vi. infected person, then touching your own mouth, eyes, or nose without first washing your hands.

vii. Viruses can survive longer on hard surfaces than on soft or absorbent surfaces.

5.2. Staff and pupils are given the following advice about how to reduce the risk of passing on infections to others:

i. Wash your hands regularly, particularly after coughing, sneezing, or blowing your nose.

ii. Minimise contact between your hands and mouth/nose unless you have just washed your hands.

iii. Cover your nose and mouth when coughing or sneezing.

iv. Do not attend school if you think you may have an infectious illness.

v. If you feel ill during the day go to the medical room. Parents/Residential Staff will be contacted if First Aiders feel pupils are not well enough to be in school.

vi. ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.

5.3. These messages are promoted through Personal and Social Education lessons.

5.4. **HAND WASHING IS THE SINGLE MOST IMPORTANT PART OF INFECTION CONTROL IN SCHOOLS**

5.5. To control the spread of infection

i. We ensure good hand washing procedures (toilet, handling animals, soil, food)

ii. Children are encouraged to blow and wipe their own noses when necessary and to dispose of the soiled tissues hygienically.

iii. We keep a record of the washing of equipment.

iv. Ensure different cloths and towels are kept for different areas.

v. We wear protective clothing when dealing with ill students. (e.g., gloves and masks)

5.6. To raise awareness of hygiene procedures

i. Inform all attending adults of the existing procedures.

ii. Ensure that pupil induction includes this information.

iii. Provide visual instructions where possible for ease of understanding.

6. Support For Staff, Students, Parents And Carers

6.1. The school has several Qualified First Aiders who assess pupils and staff before recommending further action. Individuals who are believed to have an infectious illness are sent home as per the government's current guidelines on Covid19.

7. Monitoring And Evaluating

7.1. The Headteacher and Governors will evaluate the effectiveness of the policy and agree adjustments that may be necessary to address any current concerns. These will be shared with staff, parents/carers, and pupils.