

Cameley Church of England
Primary School

Infection Control Policy

This policy is written with reference to the Christian Foundation of
the school.

'Nurturing Faith: Inspiring Learning'

Our vision has been inspired by Matthew 17:20

*"Let the words of Christ, in all their richness, live in your hearts and make you wise."
Colossians 3:16*

Ratified _____ Date 07/10/2020

Review Period _____ years. Next Review _____

Statement of intent

Infections can easily spread in a school due to:

- pupils' immature immune systems;
- the close-contact nature of the environment;
- some pupils having not yet received full vaccinations;
- pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread** - contact with coughs or other secretions from an infected person;
- **Direct contact spread** - direct contact with the infecting organism, e.g., skin-on-skin contact during sports;
- **Gastro-intestinal spread** - contact with contaminated food or water, or contact with infected faeces or unwashed hands;
- **Blood borne virus spread** - contact with infected blood or bodily fluids, e.g., via bites or used needles.

We actively prevent the spread of infection via the following measures:

- maintaining high standards of personal hygiene and practice;
- maintaining a clean environment;
- routine immunisations;
- taking appropriate action when infection occurs.

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

1. Legal framework

- 1.1. This policy has due regard to legislation including, but not limited to, the following:
 - Control of Substances Hazardous to Health Regulations 2002 (as amended 2004);
 - Health and Safety at Work etc. Act 1974;
 - The Management of Health and Safety at Work Regulations 1999;
 - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
 - The Health Protection (Notification) Regulations 2010.
- 1.2. This policy has due regard to statutory guidance including, but not limited to, the following:
 - Public Health England (PHE) (2019) 'Health protection in schools and other childcare facilities';
 - DfE (2015) 'Supporting pupils at school with medical conditions'.
- 1.3. This policy operates in conjunction with the following school policies and documents:
 - Health and Safety Policy;
 - Supporting Pupils with Medical Conditions Policy;
 - Administering Medication Policy;
 - Animals in School Policy;
 - First Aid Policy.

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

- 2.1. Wall-mounted soap dispensers are used in all toilets - bar soap is never used.
- 2.2. A foot-operated waste paper bin is always made available where disposable paper towels are used.
- 2.3. Toilet paper is always available in cubicles.
- 2.4. Suitable sanitary disposal facilities are provided where necessary.
- 2.5. Nappy changing areas have a suitable bin provided
- 2.6. There is a designated changing area that is separate from play facilities and food and drink areas.
- 2.7. Skin is cleaned with disposable wipes, and nappy creams and lotions are labelled with the relevant pupil's name.
- 2.8. Changing mats are wiped with soapy water or a baby wipe after each use. If a mat is visibly soiled, it is cleaned thoroughly with hot soapy water at the end of the day. Mats are checked on a weekly basis for tears and damage, and replaced if necessary.
- 2.9. Handwashing facilities are available in the room and soiled nappies are disposed of inside a wrapped plastic bag.

Continence aid facilities

- 2.10. Pupils who use continence aids, e.g., continence pads and catheters are encouraged to be as independent as possible. Pads are changed in a designated area with adequate handwashing facilities, and disposable powder-free latex gloves and a disposable plastic apron are worn.

Cleaners

- 2.11. Cleaners are employed to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The SBM is responsible for monitoring cleaning

standards and discussing any issues that may arise with the cleaners. A regular deep clean takes place within the school, steaming all equipment, surfaces, carpets and other flooring.

Toys and equipment

- 2.12. A written schedule is in place to ensure that toys and equipment are cleaned on a daily basis. Toys that are "soft", e.g. modelling clay and 'Play-doh', are not used at the present time.
- 2.13. Sandpits are covered when not in use and the sand is changed on a regular basis: four weeks for indoor sandpits and, for outdoor sandpits, as soon as the sand becomes discoloured or malodorous. Sand is sieved or raked on a weekly basis.
- 2.14. Water play troughs are emptied, washed with detergent and hot water, dried and stored upside-down when not in use for long periods. When in use, the water is replenished, at a minimum, on a daily basis, and the trough remains covered overnight.

Handwashing

- 2.15. All staff and pupils are advised to wash their hands after using the toilet, before eating or handling food, and after touching animals.

Blood and other bodily fluids

- 2.16. Cuts and abrasions are covered with waterproof dressings.
- 2.17. When coughing or sneezing, all staff and pupils are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.
- 2.18. Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE marked. If there is a risk of splashing to the face, goggles are worn.
- 2.19. Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately. They are cleaned using a mixture of detergent and disinfectant. Paper towels or cloths are used, always wearing PPE, and they are disposed of after use. The school spillage kit is stored in cleaner's cupboard.

Bites

- 2.20. If a bite does not break the skin, the affected area is cleaned with soap and water.
- 2.21. If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded in the pupil accident log and medical advice is sought immediately.

Hypodermic needles (sharps)

- 2.22. Injuries incurred through sharps found on school grounds will be treated in line with the school's policy. All sharps found on school premises will be disposed of by staff wearing PPE.

3. Pupil immunisation

- 3.1. The school keeps up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/.
- 3.2. Each pupil's immunisation status is checked upon school entry and at the time of any vaccination by the school nurse.
- 3.3. Whilst the school encourages parents to have their children immunised, parental consent will always be sought before a vaccination is given.
- 3.4. The school will ensure that any pupils with existing medical conditions are medically cleared to be given the vaccine in question.
- 3.5. A healthcare team will visit the school in order to carry out vaccinations and will be able to advise pupils if there are any concerns.
- 3.6. A risk assessment will be conducted before any vaccinations take place.
- 3.7. Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months.
- 3.8. Before starting school, pupils should be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.
- 3.9. All pupils in Reception to Year 4 will be offered nasal flu vaccinations annually.

- 3.10. Any pupils who become unwell after receiving a vaccination will be treated by the healthcare team who administered the vaccine, or by the school nurse, following the school's procedures for sick and unwell pupils.
- 3.11. Any side effects from the vaccinations, e.g. becoming unwell, will be reported to the healthcare team who administered the vaccination, allowing them to record the symptoms and the time that the vaccine was administered.
- 3.12. Any medication required to relieve the side effects of a vaccination, e.g. painkillers, will be administered in accordance with the school's Administering Medication Policy.
- 3.13. Regular communication is maintained after pupils return to lessons, as some side effects can take several hours to develop.
- 3.14. Members of staff will be with pupils before, during and after vaccinations, in order to keep the pupils relaxed and create a calming atmosphere.
- 3.15. The school will ensure that the venue used is a clean, open, well-ventilated room, where pupils can access water and fresh air.
- 3.16. Needles are kept away from pupils before and after the vaccine is administered.
- 3.17. Some vaccinations may involve an exclusion period in which pupils are not required to attend school. The administering healthcare team will provide advice in such cases.

4. Staff immunisation

- 4.1. All staff will undergo a full occupational health check prior to employment, which confirms they are up-to-date with their immunisations.
- 4.2. Staff should be up-to-date with immunisations; in particular, we encourage the following:
 - **Hepatitis B:** We do not recommend Hepatitis B vaccines for staff in routine contact with infected children; however, where staff are involved with the care of children with severe learning disabilities or challenging behaviour, we encourage immunisation;
 - **Rubella:** Female staff of childbearing age are encouraged to check with their GP that they are immune to the rubella (German measles)

virus. If they are not immune, we encourage them to be immunised with the MMR vaccine, except during pregnancy.

5. Contact with pets and animals

- 5.1. Animals in schools are strictly controlled under our Animals in School Policy.
- 5.2. The school only considers the following animals as school pets: hamsters; guinea pigs; school dog, Pepper; rabbits.
- 5.3. Animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.
- 5.4. All animals receive recommended treatments and immunisations, are groomed daily, and checked for any signs of infection on a weekly basis by the class teacher.
- 5.5. Bedding is changed on a weekly basis.
- 5.6. Feeding areas are kept clean and pet food is stored away from human food. Any food that has not been consumed within 20 minutes is taken away or covered.
- 5.7. The Headteacher ensures that a knowledgeable person is responsible for each animal.
- 5.8. Visits to farms are strictly controlled by the policies and protocols contained in our Farm Visit Risk Assessment.
- 5.9. Visits to zoos are strictly controlled by use of our Visit to the Zoo Risk Assessment.
- 5.10. Our school dog, Pepper, has a separate risk assessment and policy guidance.

6. Water-based activities

Swimming lessons

- 6.1. General swimming lessons are governed by the control measures outlined in our Swimming Risk Assessment.
- 6.2. Pupils who have experienced vomiting or diarrhoea in the weeks preceding the trip are not permitted to attend public swimming pools.

Other activities

- 6.3. Alternative water-based activities are only undertaken at reputable centres.
- 6.4. Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.
- 6.5. After canoeing or rowing, staff and pupils immediately wash or shower.
- 6.6. If a member of staff or a pupil becomes ill within three to four weeks of an activity taking place, we encourage them to seek medical advice and inform their GP of their participation in these activities.

In the event of infection

7. Preventing the spread of infection

- 7.1. Parents will not bring their child to school in the following circumstances:
 - the child shows signs of being poorly and needing one-to-one care;
 - the child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol';
 - the child has untreated conjunctivitis;
 - the child has a high temperature/fever;
 - the child has untreated head lice;
 - the child has been vomiting and/or had diarrhoea within the last 48 hours;
 - the child has an infection and the [minimum recommended exclusion period](#) has not yet passed;
 - the child has a cough, high temperature or a loss of taste or smell.

8. Vulnerable pupils

- 8.1. Pupils with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such pupils. These pupils may have a disease that compromises their immune system or be undergoing treatment, e.g. chemotherapy, that has a similar effect.

- 8.2. The school nurse will be notified if a child is "vulnerable". Parents are responsible for notifying the school if their child is "vulnerable". A Medical Action Plan will then be written in conjunction with the school nurse and the SENDCo.
- 8.3. If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

9. Procedures for unwell pupils/staff

- 9.1. Staff are required to know the warning signs of pupils becoming unwell including, but not limited to, the following:
 - not being themselves;
 - not having a snack;
 - not eating at lunchtimes;
 - wanting more attention/sleep than usual;
 - displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin.
- 9.2. Where a staff member identifies a pupil as unwell, the pupil is taken to the office and the pupil's parents will be informed of the situation.
- 9.3. Where possible, staff will:
 - attempt to cool the pupil down if they are too hot, by opening a window and suggesting that the pupil removes their top layers of clothing;
 - provide the pupil with a drink of water;
 - move the pupil to the isolation room in school;
 - ensure there is a staff member available to comfort the pupil;
 - summon emergency medical help if required.
- 9.4. Pupils and staff displaying any of the signs of becoming unwell outlined in [9.1](#) will be sent home, with specific guidance to seek medical advice.
- 9.5. If a pupil is identified with sickness and diarrhoea, the pupil's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.
- 9.6. If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

- 9.7. If the school is unable to contact a pupil's parents in any situation, the pupil's alternative emergency contacts will be contacted.

Contaminated clothing

- 9.8. If the clothing of the first-aider or a pupil becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The pupil's clothing is sent home with the pupil, and parents are advised of the best way to launder the clothing.

10. Exclusion

- 10.1. Pupils suffering from infectious diseases will be excluded from school on medical grounds for the [minimum recommended period](#).
- 10.2. Pupils can be formally excluded on medical grounds by the Headteacher.
- 10.3. If parents insist on their child returning to school when the child still poses a risk to others, the LA may serve notice on the child's parents to require them to keep the child away from school until the child no longer poses a risk of infection.
- 10.4. If a pupil is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local Health Protection Team (HPT) may be contacted to advise on a case-by-case basis.

11. Medication

- 11.1. Where a pupil has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home, in case the pupil has an adverse reaction.
- 11.2. The pupil will only be allowed to return to school 24 hours after the first dose of medication, to allow it time to take effect.
- 11.3. All medicine provided in school will be administered in line with the [Administering Medication Policy](#).

12. Outbreaks of infectious diseases

- 12.1. An incident is classed as an 'outbreak' where:

- two or more people experiencing a similar illness are linked in time or place;
 - a greater than expected rate of infection is present compared with the usual background rate, e.g.:
 - two or more pupils in the same classroom are suffering from vomiting and diarrhoea;
 - a greater number of pupils than usual are diagnosed with scarlet fever;
 - there are two or more cases of measles at the school.
- 12.2. Suspected outbreaks of any of the diseases listed on the [List of Notifiable Diseases](#) will always be reported.
- 12.3. As soon as an outbreak is suspected (even if it cannot be confirmed), the Headteacher will contact the HPT to discuss the situation and agree if any actions are needed.
- 12.4. The Headteacher will provide the following information:
- the number of staff and children affected;
 - the symptoms present;
 - the date(s) the symptoms first appeared;
 - the number of classes affected.
- 12.5. If the Headteacher is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the HPT.
- 12.6. The HPT will provide the school with draft letters and factsheets to distribute to parents.
- 12.7. The HPT will always treat outbreaks in the strictest confidence: therefore, information provided to parents during an outbreak will never include names and other personal details.
- 12.8. If a member of staff suspects the presence of an infectious disease in the school, they will contact the school nurse for further advice.
- 12.9. If a parent informs the school that their child carries an infectious disease, other pupils will be observed for similar symptoms by their teachers.
- 12.10. A pupil returning to the school following an infectious disease will be asked to contact the [school office](#).

- 12.11. If a pupil is identified as having a notifiable disease, as outlined in [the guide to Infection Absence Periods](#), the school will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local PHE centre.
- 12.12. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT. The SBM will liaise with the cleaning contractor to ensure these take place.

13. Pregnant staff members

- 13.1. If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.
- 13.2. **Chickenpox:** if a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.
- 13.3. **Measles:** if a pregnant staff member is exposed to measles, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.
- 13.4. **Rubella (German measles):** if a pregnant staff member is exposed to rubella, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.
- 13.5. **Slapped cheek disease (Parvovirus B19):** if a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

14. Staff handling food

- 14.1. Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. Both food handling staff and midday assistants are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not

permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local Environmental Health Officer that they are allowed to return to work.

- 14.2. The school will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.
- 14.3. Food handlers are required by law to inform the school if they are suffering from any of the following:
 - Typhoid fever;
 - Paratyphoid fever;
 - Other salmonella infections;
 - Dysentery;
 - Shigellosis;
 - Diarrhoea (where the cause of which has not been established);
 - Infective jaundice;
 - Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils;
 - E. coli VTEC infection.
- 14.4. 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

15. Managing specific infectious diseases

- 15.1. When an infectious disease occurs in the school, we will follow the appropriate procedures set out in the [Managing Specific Infectious Diseases](#) appendix.

16. Monitoring and review

- 16.1. All members of staff are required to familiarise themselves with this policy as part of their induction programme.
- 16.2. The [Headteacher](#) will review this policy on an [annual](#) basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

Infection Control During the Coronavirus (COVID-19) Pandemic

Statement of intent

We understand that we face a time of great uncertainty and, as a school, we are doing all we can to provide clarity and safety for the school community. This appendix includes provisions which the school will have due regard for during the coronavirus (COVID-19) pandemic. The information in this section is under constant review and is updated to reflect changes to government guidance as it is released. This policy will be implemented alongside the [Coronavirus \(COVID-19\): Risk Assessment for Full Opening in September](#) and other relevant policies.

1. Legal framework

- 1.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:
 - DfE (2020) 'Actions for early years and childcare providers during the coronavirus outbreak';
 - DfE (2020) 'Guidance for full opening: schools';
 - DfE (2020) 'Implementing protective measures in education and childcare settings';
 - DfE (2020) 'Safe working in education, childcare, and children's social care settings, including the use of personal protective equipment (PPE)';
 - PHE and DfE (2020) 'Coronavirus (COVID-19): guidance for educational settings';
 - PHE (2020) 'COVID-19: cleaning in non-healthcare settings'.

2. Social distancing measures

- 2.1. The school will adhere to the government's social distancing guidelines as much as is possible.
- 2.2. To ensure the risk of coronavirus transmission in school is as low as possible, the following actions will be taken:
 - staff, pupils, parents, carers and any visitors will be told not to enter the premises if they are displaying symptoms of coronavirus;

- we will ensure reasonable endeavours are made to minimise mixing within the setting, e.g. by using different rooms for different age groups and keeping these groups apart as much as possible;
- pupils will be grouped into bubbles which will remain consistent to ensure the risk of transmission is reduced. Bubbles will be equivalent to the size of a full class where possible. Larger bubbles will only be used where necessary;
- the way pupils arrive at school will be reviewed, with a view to reducing any unnecessary travel on coaches, buses and other public transport. Pupils will be encouraged to walk or cycle to school if they are able;
- separate classroom areas will be used for different groups or bubbles;
- pupils will be seated side-by-side and facing forward, wherever possible, and will be required to sit in the same seats every day;
- teaching staff will be asked to maintain their distance from pupils by staying at the front of the class, and away from their colleagues where possible;
- adults will be asked to maintain a two-metre distance from each other and pupils, where possible. Where a two-metre distance is not possible, staff should avoid close face-to-face contact and minimise the time spent within one metre of anyone, unless supporting pupils who have complex needs or who need close contact care - this should be provided as normal;
- pupils who are old enough will be supported to maintain distance and not have physical contact with staff and their peers where possible;
- pupils will be kept in their bubbles for PE, sport and physical activity, contact sports will be avoided, and sports equipment will be thoroughly cleaned between each use by different bubbles;
- the use of outside space will be maximised to support the delivery of the curriculum;
- classroom doors and windows will be opened for air flow where possible;

- where possible, one-way systems will be implemented in busy areas and 'pinch points', e.g. corridors, staircases, entrances and exits. Some areas may be temporarily closed if needed;
 - break and lunch times and the movement of pupils around the school will be staggered to prevent large groups of pupils from gathering;
 - the school will review and revise any processes involving large numbers of people gathering, e.g. fire drills;
 - large gatherings such as assemblies or collective worship will be limited to one bubble at a time;
 - all unnecessary staff gatherings will be avoided, e.g. where possible, meetings will take place via video conference from different classrooms or offices;
 - school meals will be prepared safely, with additional hygiene measures in place and, where possible, social distancing between kitchen staff;
 - parents will be discouraged from gathering at school gates. Floor markings will be placed in pick-up areas to ensure parents maintain a two-metre distance from one another. Parents will also be informed where and when to drop off and pick up their children via [email](#), and with signage at the school. Only one parent should attend for each child;
 - the school will receive a limited number of visitors at any one time, and only when necessary;
 - staff will consider using age and developmentally-appropriate ways to encourage children to follow increased hygiene measures and other guidance, e.g. through games, songs and stories;
 - staff will be permitted to move between bubbles but reminded to follow the school's social distancing measures as much as possible.
- 2.3. The school will conduct a risk assessment to identify sites where social distancing and infection control may be more challenging, with particular regard to the needs of clinically extremely vulnerable individuals.
- 2.4. The school will ensure strict social distancing and infection control measures can be put in place to protect clinically extremely vulnerable individuals.

3. Additional hygiene and cleaning measures

- 3.1. Anyone who is showing symptoms of coronavirus, lives with someone who does, or has tested positive within the last seven days will be told to self-isolate at home for fourteen days. Anyone displaying symptoms is encouraged to get tested if they have not done so already. Further actions to take following testing are outlined in section [5](#) of this policy.
- 3.2. All staff and pupils will be:
 - told to frequently wash their hands with soap and hot water for at least 20 seconds, or use an alcohol-based sanitiser;
 - encouraged not to touch their faces;
 - told to use a tissue or their elbow to catch coughs and sneezes, and to use bins for tissue waste.
- 3.3. Pupils who have difficulty washing their hands will be supported by a member of staff, with social distancing in place where possible.
- 3.4. Disposable tissues and lidded bins will be available in every classroom. If the classroom does not have a sink with hot water and soap, the school will endeavour to make hand sanitiser available.
- 3.5. Handwashing and sanitiser stations will be available across the school.
- 3.6. Staff will ensure thorough handwashing before and after supporting children who need help with nappy changing, going to the toilet or eating.
- 3.7. Sharing food, drink, utensils, equipment and soft toys will be avoided as much as possible. Frequently touched surfaces will be cleaned and disinfected more often than usual.
- 3.8. Classroom-based resources, e.g. books and games, will be used and shared within bubbles and cleaned regularly; however, individual and very frequently used equipment, such as pencils or pens, will not be shared.
- 3.9. The frequency of cleaning will increase, particularly for outdoor playground equipment and surfaces in classrooms, within toilet blocks and in changing rooms, in accordance with PHE's 'COVID-19: cleaning of non-healthcare settings' guidance.
- 3.10. Equipment and furniture, including tables, chairs, door handles, light switches and bannisters, will be cleaned and disinfected regularly.

4. Preventing the further spread of infection

- 4.1. If anyone becomes unwell with the symptoms of coronavirus, they will be sent home and advised to follow PHE's 'Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection'.
- 4.2. If a pupil is awaiting collection, they will be moved to a room where they can be isolated behind a closed door, depending on their age and needs, and receive adult supervision if required. Where possible, a window will be opened for ventilation.
- 4.3. Where isolation is not possible, the pupil will be moved to an area which is at least two metres from anyone else.
- 4.4. If the pupil needs to use the toilet whilst waiting to go home, they will be required to use a separate bathroom. This bathroom will be cleaned and disinfected using standard cleaning products before anyone else uses it.
- 4.5. If a member of staff has helped someone who is unwell with coronavirus symptoms, they will not be sent home unless they develop symptoms themselves, the symptomatic person subsequently tests positive, or they have been required to do so by NHS Test and Trace.
- 4.6. Staff will wear PPE, including gloves, a face mask, and an apron, if direct personal care or close contact with an unwell pupil is necessary, and if a two-metre distance apart cannot be maintained. If deemed necessary, eye protection can also be worn.
- 4.7. After removing their PPE, staff will wash their hands thoroughly for at least 20 seconds following any contact with someone who is unwell.
- 4.8. When cleaning an area where a person with possible or confirmed coronavirus has been, staff will use disposable gloves and an apron. Staff will wash their hands with soap and water for at least 20 seconds after all PPE has been removed.
- 4.9. If there is visible contamination to an area, e.g. with bodily fluids, cleaning staff will use additional PPE to protect their eyes, mouth and nose.
- 4.10. Areas where a symptomatic individual has passed through and spent minimal time, e.g. corridors, but which are not visibly contaminated with bodily fluids, will be cleaned thoroughly with normal cleaning products.

- 4.11. All surfaces that a symptomatic person has come into contact with will be cleaned and disinfected, including objects which are visibly contaminated and those which are potentially contaminated, e.g. door handles.
- 4.12. Disposable cloths or paper rolls and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, using one of the following options:
- a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (1000 ppm av.cl);
 - a household detergent followed by disinfection (1000 ppm av.cl), following the manufacturer's instructions for dilution, application and contact times;
 - an alternative disinfectant which is checked to ensure it is effective against enveloped viruses.
- 4.13. **Cleaning staff will be asked to:**
- avoid creating splashes and spray when cleaning;
 - dispose of any cloths and mop heads used by putting them into waste bags;
 - steam-clean items that cannot be cleaned using detergents, e.g. upholstered furniture;
 - dispose of items that are heavily contaminated with body fluids and cannot be cleaned by washing;
 - ensure that bins are emptied throughout the day.
- 4.14. Waste from possible cases and the cleaning of potentially infected areas will be put into a plastic rubbish bag which will be tied when full. The plastic bag will then be placed into a second tied bin bag, put in a suitable and secure place, and stored for 72 hours or more to reduce the risk to waste disposal workers.

5. Testing

- 5.1. To meet our duty to engage with the NHS Test and Trace process, we will ensure that staff members and parents understand that they must be ready and willing to:

- book a test if they, or their child, are displaying symptoms of coronavirus;
 - if they, or their child, were to test positive or contacted by NHS Test and Trace, provide details of anyone they have been in close contact with;
 - self-isolate if they have been in close contact with someone who develops symptoms of, or tests positive for, coronavirus.
- 5.2. Parents and staff will be asked to inform the school immediately of any test results. If their test is negative, the staff member or pupil can return to school after self-isolation. If their test is positive, the staff member or pupil will stay in self-isolation and be allowed to return to school only once they do not have symptoms other than a cough or loss of sense or smell or taste.
 - 5.3. If a staff member or pupil is confirmed to have coronavirus, we will contact the local Health Protection Team (HPT) as soon as possible. We will work with the local HPT to understand the action we need to take. Parents will be informed of any plans in writing.
 - 5.4. If multiple coronavirus cases are confirmed within the school, PHE will conduct an investigation and advise the appropriate action, which may include a wider bubble being asked to self-isolate, e.g. a whole year group.
 - 5.5. To prepare for the possibility of multiple cases, we will keep a record of all pupils and staff members in each bubble, and any close contact that takes place between pupils and staff in other bubbles.

6. Communication with parents

- 6.1. The school will inform parents about the measures being taken and request they provide support with implementation, e.g. by encouraging measures to continue at home.

7. Pupils with SEND

- 7.1. The school will work with the LA and parents to decide how best to continue supporting pupils with EHC plans whilst ensuring they stay healthy and safe.

- 7.2. Some pupils with SEND or complex needs may be unable to follow social distancing guidelines. In these circumstances, staff will increase their level of self-protection by minimising close contact (where appropriate), cleaning frequently touched surfaces, and carrying out more frequent handwashing.

8. Monitoring and review

- 8.1. The Headteacher is responsible for continually monitoring PHE and DfE updates and updating this appendix in line with any changes to government guidance.

Any changes to this appendix will be communicated to all staff, parents and relevant stakeholders.

Signed by:

Headteacher Date:

Chair of Governors Date:
