THE KITE ACADEMY TRUST

INFECTION CONTROL POLICY

P1164

Contents

1 Introduction

The Kite Academy Trust is committed to promoting the health and welfare of all employees, children and families. The Trust strives to ensure that everyone within its community is healthy and, while there will be infectious illnesses that affect our employees, children, families and visitors, the effects of any outbreak of illness are minimised to reduce the spread.

Children and employees are in close proximity on a daily basis by virtue of the education, support and care that is provided within our academies. This close proximity can facilitate the spread of infections due to:

- A child's immune system being immature;
- No vaccinations or incomplete courses of vaccinations;
- Children may lack an understanding of good hygiene practices.

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

2 Key Principles

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person. Infected people can pass a virus to others through large droplets when coughing, sneezing or even talking within a close distance;
- **Direct contact spread** – direct contact with an infected person, e.g. if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands;
- **Gastrointestinal 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, needles, sharps injuries, or blood contact with broken skin.

Infections can also be spread by touching objects (e.g. door handles, light switches) that have previously been touched by an infected person, without first washing your hands.

To reduce the risk of infection and its subsequent spread, employees and children are encouraged to:

- Be up to date with all recommended immunisations;
- Maintain a clean environment;
- Ensure high standards of personal hygiene, particularly handwashing practices (thorough and regular);
- Take appropriate action when infection occurs.

During an outbreak of an infectious illness, an academy will seek to operate as normally as possible while ensuring the health, safety and welfare of its employees, children and families. Academy closures may be necessary in exceptional circumstances in order to control an infection. The decision on whether an academy should remain open in such circumstances will be based on medical evidence with guidance sought from the UK Health Security Agency, Office for Health Improvement & Disparities and the Department for Education. Our academies will strive to remain open, however we recognise that both the illness itself and the caring responsibilities of staff will impact employee absence levels. The academy will close if employee absence levels mean there is not adequate supervision for the children.

In the event of academy closure, children will be assigned tasks to complete at home to a timeframe set by their teacher. The Academy Headteacher will maintain their plan for children's continued education during a period of closure to ensure there is minimal disruption to children's learning.

3 Ensuring a Clean Environment

Sanitary facilities

- Wall-mounted soap dispensers are used in all toilets – bar soap is not used.
- Toilets have roll towels, paper towels or hand dryers for the drying of hands.
- Toilet paper is always available in cubicles.
- Suitable sanitary disposal facilities are provided where necessary.

Nappy Changing & Continence Aid Facilities

Within our academies and nurseries, there are designated changing areas that are separate from play facilities and food and drink areas. Disposable gloves, aprons and face protection are available along with handwashing facilities. Children who use continence aids (e.g. continence pads and catheters) will be encouraged to be as independent as possible.

Used nappies and continence aids, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins

Cleaning

Rigorous cleaning of our premises is carried out by professional contractors. Cleaning equipment is maintained to a high standard and is colour-coded according to area of use.

During an outbreak of an infectious illness, extra consideration and attention will be given to the cleaning standards of our academies. This will be monitored by Academy Headteachers and Site Managers/ Maintenance Technicians in liaison with the Estates Manager. Thorough daily cleaning procedures that follow national guidance and are compliant with the Control of Substances Hazardous to Health Regulations)(2002)(COSHH) will be followed. Cleaning contractors will be notified of a suspected/ confirmed case of infectious illness so that enhanced cleaning may be undertaken. Any additional measures required with regards to managing the spread of the infectious illness will be agreed with cleaning contractors. Surfaces that children touch - such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters - will be cleaned more regularly than normal.

Please see The Kite Academy Trust Health, Safety & Environment Policy.

Clinical Waste

Domestic and clinical waste must always be separated. All clinical waste bags should be removed safely and promptly. Clinical waste must be collected by an appropriate, registered waste contractor.

In accordance with NHS guidance, sharps containers must be kept off the floor and out of the reach of children. Once filled, boxes must be sealed immediately and removed by a clinical waste contractor or a specialist collection service. Arrangements for the provision and collection of sharps boxes used for ongoing medical conditions in individual children will be documented in the child's Individual Care Plan.

Toys & Equipment

Outdoor/indoor sandpits should be covered when not in use and the sand is changed as necessary, and as a minimum when the sand becomes discoloured or malodorous.

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.

Other pieces of play equipment are washed/cleaned on a regular basis.

During an outbreak of an infectious illness, the use of shared resources and equipment should be limited and disinfected where not possible to avoid spread of infection. Consideration will be given to which resources and equipment are suitable and safe to use in such circumstances, and any items deemed unsuitable will be removed (such as soft toys and furnishings and toys that cannot easily be cleaned every day). The following should be actioned:

- The use of play dough should be suspended until 48 hours after the symptoms end and the play dough used prior to the outbreak is disposed of;
- The use of play sand should be suspended until 48 hours after the symptoms end and the sand used prior to the outbreak is disposed of;
- The use of water should be suspended until 48 hours after the symptoms end and the water and water toys should be thoroughly cleaned prior to use;
- The use of mud kitchens should be suspended until 48 hours after the symptoms end;
- Cooking/food preparation activities should be suspended until 48 hours after the symptoms end.

Handwashing

Handwashing is one of the most important and effective ways of controlling the spread of infection, especially diarrhoea, vomiting and respiratory diseases. All employees and children should wash their hands after using the toilet, before eating or handling food, and after touching animals. Children are shown how to wash their hands thoroughly, in accordance with guidance from the UK Health Security Agency.

Blood & other Bodily Fluids

Cuts and abrasions are covered with waterproof dressings where appropriate.

When coughing or sneezing, all employees and children are encouraged to cover their nose and mouth with a disposable tissue, dispose of the tissue after use, and wash their hands afterwards.

Personal protective equipment (PPE) is available if there is a risk of contamination with blood or bodily fluids during an activity.

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges must be cleaned immediately, wearing personal protective equipment. Spillages should be cleaned using a product which combines detergent and disinfectant, ensuring it is effective against both bacteria and viruses. Disposable paper towels or cloths should be used and disposed of as clinical waste. Spillage kits are available for blood spills.

Enhanced cleaning is carried out as required by cleaning contractors.

Bites

If a bite does not break the skin, the affected area is cleaned with soap and water.

If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded and parents informed. It is advised that medical attention is sought the same day.

4 Immunisation

Pupil Immunisation

Our academies keep up-to-date with national and local immunisation scheduling and advice via **www.nhs.uk/conditions/vaccinations/** and encourage parents to vaccinate their children.

Parents are requested to provide details of their child's immunisations record.

Whilst our academies encourage parents to have their children immunised, parental consent will always

be sought before a vaccination is given. Any such vaccination would be administered by a local healthcare team who would be able to advise parents if there are any concerns.

Employee Immunisation

All employees are encouraged to ensure their vaccinations are kept up-to-date. Further guidance should be sought from their GP.

5 Contact with Animals

Animals in our academies are strictly monitored and appropriate risk assessments are put in place for animal visits or visits to venues with animals.

6 Swimming Lessons

General swimming lessons are governed by control measures outlined in individual swimming risk assessments.

Children who have experienced vomiting or diarrhoea in the previous 48 hours are not permitted to attend public or Trust swimming pools. Children with open wounds will not be permitted to swim.

For water-based activities other than swimming, children and employees should cover all cuts, scratches and abrasions with waterproof dressings before taking part, and wash their hands immediately after the activity. No food or drink is to be consumed until hands have been washed.

If an employee or a child 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

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 a high temperature/fever;
- 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 (see Appendix A).

If a child has an infection, parents should report their child's absence in the usual manner and inform the academy as to the nature of the infection. Any information provided regarding details of a child or employee's illness or infection is sensitive personal data and must be treated accordingly as per the UK GDPR and Data Protection Act 2018.

Please see The Kite Academy Trust's Data Protection (GDPR) & Freedom of Information Policy and Confidentiality Policy & Statement.

8 Vulnerable Children

Children 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 children. These children may have inherited immunodeficiencies, a disease that compromises their immune system, have received an organ transplant, or be undergoing treatment, such as chemotherapy, that has a similar effect.

Parents are responsible for notifying the academy if their child is immune-compromised and therefore more susceptible to infection.

If a vulnerable child is thought to have been exposed to an infectious disease, the child's parent will be informed and encouraged to seek medical advice from their doctor or specialist.

Individual Health Care Plans (IHCP) set out the arrangements for children with ongoing medical needs, including the safe storage and use of emergency medication.

Please see The Kite Academy Trust Welfare Policy.

9 Procedures for Unwell Children/Staff

Employees are required to know the warning signs of children becoming unwell including, but not limited to, the following:

- Not being themselves;
- Refusing food, for example at lunchtime;
- Wanting more attention/sleep than usual;
- Displaying physical signs of being unwell, e.g. watery eyes, a flushed face or clammy skin.

Where an employee identifies a child as unwell, the child is to be taken to the academy office and placed in the medical room, to be monitored. The child's parent/carer will be informed of the situation and asked to collect the child early if necessary. In extreme situations an ambulance may be called.

If a child is identified with sickness and diarrhoea, the child's parent/carer will be contacted immediately and the child will be sent home. The child may only return after 48 hours have passed without symptoms.

If a case of an infectious illness is suspected, the child must be sent home and advised to follow the staying at home advice as detailed in the UK Health Security Agency's 'Managing specific infectious diseases: A to Z' guidance.

The child's parent/carer will be informed as soon as possible. If the child's parent cannot be contacted, attempts will be made to contact other emergency contacts provided for the child.

While awaiting collection, the child 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 they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. This is to ensure that a child displaying infectious symptoms does not come in to contact with other children and as few staff as possible, whilst still ensuring the child is safe.

If a child's symptoms worsen while waiting to be collected, a member of staff will call for emergency assistance immediately.

Both the room/area where the child has been isolated and any bathroom they have used should be cleaned and disinfected using standard cleaning products before being used by anyone else to minimise the risk of spreading the infection.

Please see The Kite Academy Trust's First Aid Policy and Welfare Policy.

10 Contaminated Clothing

If the clothing of the First Aider or a child becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The child's clothing is sent home with the child.

11 Exclusion

Children suffering from infectious illnesses should not attend school for the minimum recommended period; the Trust follows the guidelines from the UK Health Security Agency/ Office for Health Improvement & Disparities in such circumstances (see Appendix A).

Children can be formally excluded on medical grounds by the Academy Headteacher. If a child is exposed to an infectious illness, but is not confirmed to be infected, this is not normally a valid reason for exclusion. Decisions on medical exclusion will be recorded, risk-assessed and - where appropriate - taken in consultation with the UK Health Security Agency and/or Health Protection Team (HPT) to ensure proportionality and compliance.

If a parent/carer insists on their child returning to school when the child still poses a risk to others, the Local Authority 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.

12 Medication

Where a child has been prescribed medication, the first dose should be given at home in case the child has an adverse reaction.

Prescription medication will be administered in an academy as indicated in The Kite Academy Trust Welfare Policy.

13 Outbreaks of Infectious Illnesses

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 children in the same classroom are suffering from vomiting and diarrhoea.

Suspected outbreaks of any of the illnesses listed on the List of Notifiable Diseases (see Appendix B) will always be reported.

As soon as an outbreak is suspected (even if it cannot be confirmed), the Academy Headteacher, or delegated employee, will contact the Health Protection Team (HPT) to discuss the situation and agree if any actions are needed.

If the Academy Headteacher is unsure whether suspected cases of infectious illnesses constitute an outbreak, they will contact the HPT. If the presence of an infectious illness is suspected within an academy, the Academy Headteacher will contact the local HPT for further advice.

The HPT will provide the academy with draft letters and factsheets to distribute to parents.

As with all sensitive personal data, outbreaks will be managed in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details. Please also see The Kite Academy Trust Data Protection Policy, Freedom of Information Policy and Confidentiality Policy & Statement.

If a child is identified as having a notifiable disease, the academy will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify the UK Health Security Agency.

During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the local HPT or the UK Health Security Agency.

In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency, Office for Health Improvement & Disparities and the Department for Education about the appropriate course of action and support any investigations as appropriate.

14 Head Lice

Where an incidence of head lice occurs, the academy will advise parents of all children in the affected class.

15 Pregnant Employees

If a pregnant employee develops a rash, or is in direct contact with someone who has a potentially contagious rash, they are strongly encouraged to speak to their GP or midwife.

- **Chickenpox**
  If a pregnant employee has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant employee believes they have been exposed to chickenpox or shingles and have not had either infection previously, they should speak to their GP or midwife as soon as possible. If a pregnant employee is unsure whether they are immune, they are encouraged to have a blood test.
- **Measles**
  If a pregnant employee is exposed to measles, they will inform their GP or midwife immediately.
- **Rubella (German Measles)**
  If a pregnant employee is exposed to rubella, they will inform their GP or midwife immediately.
- **Slapped Cheek Disease (Parvovirus B19)**
  If a pregnant employee is exposed to slapped cheek disease, they will inform their GP or midwife promptly.

16 Employees Handling Food

Food-handling employees suffering from transmissible diseases will be excluded from all food-handling activity. Food-handling employees, Breakfast Club employees and Midday Supervisors 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.

Food handlers are required by law to inform the academy 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

The member of staff would only be allowed back to their normal duties when cleared by the Environmental Health Officer.

17 Managing Specific Infectious Diseases

When an infectious disease occurs in an academy, the appropriate procedures will be followed as set out in the UK Health Security Agency's 'Managing Specific Infectious Diseases: A-Z' guidance.

18 Data Protection & Confidentiality

All employees and volunteers are aware of their responsibilities under the UK GDPR and Data Protection Act 2018. Any sensitive personal information which falls under the category of **special category personal data**[1] is given special protection and must be held in the utmost confidence.

Any information provided regarding details of illness or infection is considered **special category personal data** and therefore the names of employees, volunteers and children with either confirmed or suspected cases of illness or infection will be withheld. During an outbreak of an infectious illness, an academy may acknowledge any suspected or confirmed cases however the individuals affected will not be named.

Please see The Kite Academy Trust's Data Protection Policy, Records Retention Policy, Freedom of Information Policy and Confidentiality Policy & Statement.

19 Reference

This policy has been written giving consideration to the following legislation and guidance:

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

The Health Protection (Notification) Regulations 2010

The Health Protection (Notification) (Amendment) Regulations 2020

UK Health Security Agency (2025) **Health Protection in Schools and other Childcare Facilities**

DfE (2015) **Supporting Pupils at School with Medical Conditions**

DfE (2023) Emergency Planning And Response For Education, Childcare, And Children's Social Care Settings

This policy operates in conjunction with the following Kite Academy Trust policies:

- Health, Safety & Environment Policy
- Safeguarding & Child Protection Policy
- First Aid Policy
- Welfare Policy

Document Management

Document ID:	P1164		
Last Review:	February 2026	**Review Period:**	3 years
Responsibility of:	Director of Operations	**Ratified by:**	Trustees (12.02.26)

[1] Special category personal data includes: race or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; physical or mental health; an individual's sex life or sexual orientation; genetic or biometric data for the purpose of uniquely identifying a natural person. (The Kite Academy Trust's Data Protection (GDPR) & Freedom of Information Policy).

Appendix A - Infection Absence Periods

This table details the minimum required period for employees and children to stay away from school following an infection, as recommended by the UK Health Security Agency.

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT.
Coronavirus	Up-to-date national guidance should be consulted.	If there are cases, consult the HPT.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities.
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always by consulted.
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.

Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered . If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to the UK Health Security Agency.

Appendix B - List of Notifiable Diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010 (amended 2020):

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Appendix C - Contact Information

Local Authority Area Schools Support Services	
West Surrey Area Schools Officers: Kate Charles 07792 587096 kate.charles@surreycc.gov.uk Cara Harding 07968 834131 cara.harding@surreycc.gov.uk	**East Surrey Area Schools Officers:** Ann Panton 07976 924186 ann.panton@surreycc.gov.uk Liz Yeo 07812 702111 liz.yeo@surreycc.gov.uk Adelina Mason 07814 804432 adelina.mason@surreycc.gov.uk
Countywide Support: Natalie Cull Schools Support Officer 07814 811489 natalie.cull@surreycc.gov.uk	Nina Clarke School Relationships Support Assistant 07974 860640 nina.clarke@surreycc.gov.uk
Out of hours emergency number – 01483 518104	

Health Protection Teams:

Surrey	Hampshire
Surrey & Sussex HPT (South East) UK Health Security Agency County Hall North, Chart Way Horsham West Sussex RH12 1XA 0344 225 3861 SE.AcuteResponse@ukhsa.gov.uk	**Hampshire and Isle of Wight HPT (South East)** UK Health Security Agency Civic Offices, Civic Way Fareham Hampshire PO16 7AZ 0344 225 3861 SE.AcuteResponse@ukhsa.gov.uk