

# **CONTROL OF INFECTIONS POLICY**

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**Appendices are available for download in Word format on the OCL Policy Portal**

## At a Glance

This Control of Infections Policy is essential in ensuring we are compassionate and recognise the needs of our staff and students in being able to fully participate in the Academy community and learning.

In setting a policy for controlling infections, the Oasis vision is important. Our vision is for community – a place where everyone is included, making a contribution and reaching their God-given potential. Our ethos is a statement of who we are and it is an expression of our character. Rooted in the story and beliefs of Oasis, we describe our ethos through a particular set of values that inform and provide the lens on everything we do:

- A passion to include.
- A desire to treat people equally respecting differences.
- A commitment to healthy, open relationships.
- A deep sense of hope that things can change and be transformed.
- A sense of perseverance to keep going for the long haul.

## Checklist

- We approach managing control of infections by underpinning the Oasis Ethos and 9 Habits.
- We will create and maintain healthy, open relationships to ensure we treat people equally and will intentionally focus on being patient, honest, humble and forgiving.
- We will manage the legal and DfE guidance aspects of control of infections to ensure our policy and procedures and ways of working are compliant.
- We will make clear the aims and objectives that underpin how we control infections.
- We will give guidance and support on the safe and responsible management of control of infections.
- We will ensure the roles and responsibilities for those involved in control of infections are assigned and managed.
- We will ensure training is provided to facilitate the control of infections.

## In Brief

OCL believes that ensuring the health and welfare of staff, students and visitors is essential to the success of its Academies. We are committed to safeguarding the health, safety and welfare of our staff, students, visitors and any others who may be affected by our work activities.

The policy applies to all relevant academy activities and is written in compliance with all current UK health and safety legislation. This policy provides a clear framework for ensuring that the academy management, all employees and visitors have clear procedures for the prevention and control of infections in the academy.

This control of infections policy covers and applies to all work and teaching activities undertaken by the academy and sets out clear procedures, arrangements and any provisions made by the academy to ensure the academy can manage infections effectively. The policy set out the responsibilities of the Principal, trustees, managers, all staff, contractors and students. This Policy also provides links to the necessary guidance to enable the academy to manage infections effectively.

Staff must be aware of this policy, statutory reporting procedures and of the outside agencies involved in dealing with outbreaks of disease. Staff should be particularly aware of the practical procedures to control the spread of communicable diseases. Staff should also be aware of the First Aid and Administration of Medicines Policy which may also be relevant.

## Responsibilities

### *Principals*

Principals are responsible for ensuring:

- Task-based risk assessments are undertaken and appropriate controls are in place to manage infection hazards at source in line with the hierarchy of risk control and these are reviewed regularly (e.g. annually) or when there is a significant change.
- All staff are made aware of their role(s) and responsibilities in the prevention and control of infection.
- Staff are instructed, informed, monitored and updated in correct infection control procedures and this policy.
- All staff are to be provided with suitable training commensurate to their roles and responsibilities.
- Staff are informed of any risk to their health from a communicable disease that might arise as a result of their work or working environment and receive advice on the means of avoiding either becoming infected or infecting others.
- Incidents and sharps injuries are reported in line with the academy reporting procedure, staff follow the correct procedures and sharps injuries are investigated to prevent infections and support staff who may be infected.
- Appropriate quantities of Personal Protective Equipment (PPE) – suitable protective gloves, aprons, face masks and resuscitation face masks - are available at all times.
- Cleaning procedures are in place to maintain a clean environment and resources are available to staff.
- Where a risk of the disease has been identified, maintain documentary evidence to support where immunisation has been advised e.g. Hepatitis B.
- Immunisation of students and staff is promoted.
- Good hygiene practices are promoted and any other guidelines provided by official bodies are communicated.
- The academy follows the advice given by Government and professional bodies.
- All materials and equipment required to meet the arrangements of this policy are made available to staff.
- All hirers of the academy premises are made aware of this policy.

- The local health protection team is contacted if an outbreak, any serious or unusual illness is suspected and if any advice is needed.
- Where parents/carers failure to act to protect their child or don't follow appropriate guidance meet their child's health needs a discussion should be held with the DSL around a referral to the MASH around neglect
- Further professional advice is sought when necessary.

### *All Staff*

All staff are responsible for ensuring:

- Compliance with the requirements set out in this policy.
- Control of infection issues are brought to the attention of the Principal.
- They inform their line manager if they are at higher risk of infection (e.g. due to pregnancy, underlying medical condition etc.) or if they have any concerns with regards to OCL's procedures for controlling infections.
- Relevant training is completed as required.
- They take due care of their own and their colleagues' health and safety at work.
- A high standard of infection control and hygiene is maintained as a matter of good practice.
- Familiarisation with relevant risk assessments and following control measures.
- Prompt reporting if they are unwell with an infectious disease, following their GP, UK Health Security Agency (UKHSA) and/or NHS guidance and that they do not return to the academy until clear of symptoms for the time specified by their GP, NHS or government guidance.
- They use and maintain work equipment and personal protective equipment (PPE) in accordance with training and manufacturers' instructions.
- Incidents are reported immediately, following OCL Accident/Incident reporting and investigation procedures.

### *First Aiders*

In addition to 'All Staff' duties, First aiders are also responsible for ensuring those who may be exposed to infectious substances, such as blood and other bodily fluids, take the following precautions to reduce the risk of infection:

- Cover any cuts or grazes on skin with a waterproof dressing.
- Wear suitable disposable gloves when dealing with blood or any bodily fluids.
- Use suitable eye protection and a disposable plastic apron where splashing is possible.
- Use resuscitation face masks if mouth to mouth resuscitation is necessary.
- Wash hands after each procedure.
- Become familiar with relevant risk assessments.
- Follow good hygiene practice.
- Liaise with the facilities team to ensure the academy cleaning procedure is followed.

## *Cleaning Team*

In addition to 'All Staff' duties, the cleaning team are also responsible for ensuring:

- A high standard of cleaning is maintained at all times.
- Appropriate action, including deep cleaning, is carried out in the event of an outbreak of infection.
- The correct PPE is worn when dealing with bodily fluids and cleaning of areas (disposable gloves, plastic aprons, face shields).
- Following the colour coded cleaning standard in Appendix 3.

## *Catering Staff*

In addition to 'All Staff' duties, all catering staff are also responsible for ensuring:

- A recognised Food Management System is in place.
- The Food Safety Management System incorporates a robust HACCP system (hazard analysis critical control point) which is fully traceable and maintains due diligence.
- All those with the responsibility for food preparation are aware of their duties under food safety and food hygiene legislation and best practice.
- All those with the responsibility for food preparation have received training commensurate to their level of responsibility in the food preparation area. The minimum training requirement for all kitchen staff is Level 2 Food Safety, supervisors Level 3 Food Safety and Managers Level 4 Food Safety.
- Where new staff do not fulfil training requirements, training is provided within a month of commencement of employment.
- Training is refreshed annually or at least within three years.
- Appropriate action, including deep cleaning, is carried out in the event of an outbreak of infection.
- All staff should complete a Health Questionnaire before commencing employment and when returning from abroad.
- Any member of the catering staff who reports that they are suffering from diarrhoea and/or vomiting should be excluded from food preparation or serving until they are symptom-free for 48 hours.
- Food handlers with skin problems especially on the hands and forearms should be excluded from food preparation until the skin is healed.
- Food handlers suffering from colds and coughs should not be working while still at the acute stage of the illness.
- All food handlers who consult their doctors about any infectious disease should make sure their doctor is aware of the work they do.
- Food handlers who smoke should be reminded to wash their hands after smoking and before resuming their food preparation tasks.

## *Contractors and visitors*

Contractors and visitors must ensure:

- The academy reporting procedure is followed.
- Their activities do not introduce infection risks to the Academy.
- A high standard of infection control and hygiene is maintained whilst in academy premises as a matter of good practice.
- Any areas which may be contaminated are reported to the Facilities Team or their host.

## *Students and parents / carers*

Students and parents/carers must ensure:

- They provide the academy with any relevant information to ensure their own health, safety, and welfare.
- They comply with any request from staff to leave the area if someone is unwell.
- They report any concerns they may have to a member of staff.
- Any student who is unwell should stay away from the academy until they have been symptom-free for at least 48 hours as set out in the current exclusion policy set out by the UK Health Security Agency (UKHSA) for schools and advice received by the Health Protection Team (HPT). Parents are asked to ensure that this happens.
- Good personal hygiene is practised.

## **Arrangements**

### *Risk Assessment*

Each Academy is required to complete a general 'Control of Infections' risk assessment which considers the hazards that might be posed by infectious disease. Additional infection control risk assessments may be required for specific outbreaks and circumstances identified in line with Government and local guidance. Additional measures may need to be considered where an employee or student has known or probable health problems.

Individual care plans of vulnerable students should indicate if they are suffering from an infectious disease or are vulnerable to infectious diseases that requires special precautions to be taken, especially if they require personal care. This would also apply to students whose behaviour may be unpredictable or cause them to act violently. However, the confidentiality of the student's medical condition should be protected whenever possible.

'New and Expectant Mother' risk assessments should be carried out as soon as notification of pregnancy or breastfeeding is given and should consider infection control as part of the assessment as well as any pre-existing medical condition or disability which may also be relevant. The risk assessment should be reviewed as the pregnancy progresses and as circumstances dictate, and also on return back to work after maternity leave.

The academy will complete risk assessments for all educational visits in line with OCL's Educational Trips and Visits Policy. It should be noted that visits involving water-based activities and those to locations such as farms and zoos will be assessed in conjunction with Chapter 6 of the Health protection in education and childcare settings guidelines.

### *Action in the event of an outbreak or incident*

If an outbreak or incident is suspected, the academy will review and reinforce the baseline infection prevention and control measures already in place. This will include:

- Encouraging all staff and students who are unwell not to attend the setting.



- Encouraging all eligible groups to take up the offer of national immunisation programmes.
- Ensuring occupied spaces are well ventilated and fresh air is circulated.
- reinforcing good hygiene practices such as frequent cleaning and personal hygiene measures.
- Considering communications to raise awareness among parents and carers of the outbreak or incident and to reinforce key messages, including the use of clear hand and respiratory hygiene measures within the setting such as E-Bug.

Outbreaks will be managed by the OCL escalation team who will liaise with UK Health Security Agency (UKSHA) or will refer to Chapter 4 of the Health protection in education and childcare settings.

OCL will follow the exclusion table guidelines issued by UKHSA in the Health Protection in Schools and other Childcare Facilities publication. Appendix 4 provides a checklist on the action to take in the event a diarrhoea and vomiting outbreak in the Academy.

### *Basic Hygiene Measures*

Academies must observe good basic hygiene procedures in all areas. Universal Infection Control Precautions is an approach to infection control that assumes anybody might be infectious, even if they do not fall into an obvious risk group. Therefore, when dealing with any fluids, it is necessary to employ infection control measures.

### *Handwashing*

Effective handwashing is an important method of controlling the spread of infections, especially those causing diarrhoea, vomiting and respiratory type illness. All staff and pupils should be advised to wash their hands after using the toilet, before eating or handling food, after playtime and after touching animals, using the following technique:

- Use warm running water and a mild, preferably liquid, soap. If tablets of soap are used, they must be kept on a clean soap dish when not being used.
- Rub hands vigorously together until soapy lather develops and continue for 20 seconds ensuring that all surfaces of the hand are covered.
- Ensure the whole surface of the hand is washed including the palms, backs of hands and cleaning between and surface area of fingers and the thumbs.
- Rinse hands under running water and dry hands with either a hand dryer or paper towels. Do not use cloth towels as they can harbour micro-organisms which can then be transferred from person to person.
- Discard paper towels into a bin (pedal bins are preferable).
- It is important to ensure that hand basins are kept clean.

### *Disposal of Sharps*

Sharps include needles, syringes, scalpel blades, and razor blades. Used sharps will inevitably have traces of blood on them. Therefore it is imperative that they are not allowed to cut or penetrate the skin of another person after they have been used.



Only sharps' boxes should be used to dispose of used needles, razor blades etc. A sharps' box will need to be available in all areas where there is a chance of discarded needles or other sharp implements being discovered. However, they should be stored securely so as not to present a risk to others, particularly students.

Appropriate PPE is available and should be used to dispose of sharps e.g. litter pickers, sharps gloves etc.

### *Cleaning Up Offensive/Hygiene Waste*

Blood and body fluids (e.g. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to protect both individuals and others from the risk of cross-infection.

To minimise the risk of transmission of infection, staff should practise good personal hygiene and be aware of the procedure for dealing with body spillages.

A colour-coded cleaning standard is included in Appendix 3.

- Appropriate PPE should be provided and worn e.g. disposable gloves, plastic aprons, eye protection, face visors or shields. Please note latex can cause an allergic reaction so gloves should be vinyl.
- Any cuts on the hands or arms should be covered with waterproof dressings.
- Clean the individual and remove them from the immediate area.
- Isolate the area with signs, chairs, cones etc.
- Any spillage of bodily fluid should be covered with paper towels and soaked with proprietary clean-up packs (body spill kits).
- Follow the instructions enclosed with proprietary brand and clean up the spillage.
- The area should then be cleaned thoroughly with detergent and hot water using disposable cloths, and then wiped over using standard hypochlorite solution such as Milton whilst following the manufacturer's instructions.
- Remove and dispose of PPE and wash hands thoroughly.

### *Disposal of Offensive/Hygiene Waste*

Offensive hygiene waste includes:

- Human and animal waste (faeces)
- Incontinence pads
- Catheter and stoma bags
- Nappies
- Sanitary waste
- Nasal secretions
- Sputum
- Condoms
- Urine
- Vomit and soiled human bedding from a non-infectious source.
- Plasters (minor first aid or self-care) generated by personal use.

- Animal hygiene waste (e.g., animal bedding).

Offensive/hygiene waste should be identified and adequately contained before it enters the waste management system: yellow bags with black stripes ('tiger stripe bags') are used for offensive/hygiene waste.

### *Accidental Contamination with Bodily Fluids*

Bloodborne viruses do not invade the body through intact skin; they can, however, penetrate through open wounds, mucous membrane (mouth), conjunctivae (eyes) and puncture wounds.

In the event of an accident with body fluids that results in possible contamination **IMMEDIATE ACTION** should be taken by the person involved (or their representative) and first aider and, if necessary, escalated to their line manager or student's parent/carer, as appropriate. The steps are:

- Make the wound bleed for a few seconds, but do not suck the wound.
- Wash the wound with soap and warm running water, do not scrub.
- Cover the wound.
- Conjunctivae (eyes), mucous membrane (mouth) should be washed well under running water.
- Report the incident to the Principal and ask them to report the incident on the OCL Incident reporting portal as soon as possible. The accident form should note whether the injury is deep, if there was visible blood on the device causing the injury, or if there is known HIV related illness.

#### **AS SOON AS POSSIBLE BUT WITHIN ONE HOUR:**

- The injured party should report the matter to their General Practitioner (GP) or the local A&E department.
- The injured party should take the accident details/form with them to the GP.
- If the injured party has had Hepatitis B vaccination in the past, this should be discussed with the GP.
- If the injured party has not had a vaccine within the last six months, the GP may decide to give a booster.
- Blood should be taken and tested for Hepatitis B by a healthcare professional.
- The Consultant in Communicable Disease Control (CCDC) should be informed of the incident by the Principal. If the person whose bodily fluids are involved is known, their details should be given to the CCDC.

The Principal/Health and Safety Champion should refer to the OCL Health and Safety Team with regards to reporting the occurrence to the HSE under RIDDOR. They should also ensure that the above actions are carried out by the person (or their representative) involved in the accident.

### *The Local Health Protection Team (HPT)*

The local health protection team is responsible for dealing with outbreaks. Most outbreaks are managed at a local level without needing to form an Outbreak Control Team (OCT).

Outbreaks should be escalated to OCL National Escalation Team who will notify the HPT when there is an outbreak of a serious infectious disease. The level of reporting is when two or more individuals are reported with the same infectious disease.

The HPT will advise on all management aspects of the situation. This will include the formation of an OCT, information to parents, students and staff, vaccination arrangements (if indicated), possible collection of samples for microbiological analysis and statements to the press.

For the list of reportable diseases see Appendix 1.

### *First Aid*

First Aid provision has the potential to expose individuals to infectious substances such as blood and other bodily fluids. Within the training for an Occupational First Aider, there is an element of infection control based on Universal Infection Control Precautions.

Staff responsible for purchasing first aid materials should ensure a supply of PPE is available at all times e.g. non latex disposable gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box.

### *Immunisation*

Where following a risk assessment, a staff member has been identified at risk of specific infections, such as Tuberculosis (TB), Rubella, Polio and Tetanus, actions will be put in place to mitigate the risks. Where it is appropriate for at risk staff to be vaccinated against a specific infectious disease/s the cost of this will be paid for by OCL and claimed back through the process defined in OCL's Expenses Policy. As for all staff, this group of staff will be required to have read and understood this policy and to undertake appropriate training in the control of infectious diseases.

It is recommended that the Facilities Team and all trained first aiders should have up to date tetanus vaccinations and be offered Hepatitis B vaccinations. Costs of this will be paid for by OCL and claimed back through the process defined in OCL's Expenses Policy.

It is not considered necessary for the Hepatitis B or HIV/AIDS status of staff to be declared. If the infection control procedures set out in this policy are followed, there will be no risk to students, staff or others.

### *Contact with Animals*

Contact with animals poses a potential risk of infection and it should be ensured that soap and wash hand basins are readily available at any venue where there is contact with animals. Students should be instructed to wash their hands thoroughly after touching animals and before eating.

Animals kept by an academy will be kept in line with Chapter 6 of the Health protection in education and childcare settings guidelines:

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

### **Weil's Disease (Leptospirosis)**

Water based activities such as pond dipping or canoeing may bring students into contact with leptospirosis (Weil's Disease). This is a disease caused by contact with the urine of infected rats. The organism can penetrate the skin, especially broken skin. Therefore, cover any abrasion with waterproof plasters and wash thoroughly after contact with pond or river water. Symptoms develop about ten days after contact and can include severe headache, severe muscle aches and tenderness, redness of the eyes, loss of appetite, vomiting and sometimes a skin rash. Anyone who has been in contact with a pond or river water and subsequently develops any of these symptoms should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

### **Training Requirements**

Training should be delivered to staff where there is an identified risk.

Appropriate training will need to be identified for the different categories of infection risk that staff encounter in their particular jobs. Cleaners, facilities staff and staff supporting students with special medical needs will require specific instruction in this area.

### **Statutory Requirements**

This Policy is based on the requirements of:

- The Health and Safety at Work etc. Act 1974.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- Public Health (Control of Disease) Act.
- The Public Health (Infectious Diseases) Regulations.
- The Management of Health and Safety at Work Regulations.
- The Control of Substances Hazardous to Health Regulations (COSHH).
- The Food Safety and Hygiene (England) Regulations.
- Food Safety Act.
- The Health Protection (Notification) Regulations.
- Health Protection in Education and Childcare Settings.
- OCL will follow the exclusion table guidelines issued by UKHSA.

## RACI Matrix

Policy Element	Board	Leadership			Academy		National	
		OCL CEO	OCL COO	Regional Director	Academy Principal	H&S Champion	National H&S Lead	National Director of Facilities & Estates
Academy Control of Infections Policy		A	A	R	R	I	R	A
Risk Assessments					A	R		
Staff Training					A&R	I		
Managing Hygiene Measures on Academy Premises					A&R	I		
Record Keeping					A&R	I		
Policy Evaluation		I	I				R	A

**R: Responsible A: Accountable C: Consulted I: Informed**

## Appendix 1 – List of Notifiable Diseases

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  
Monkeypox  
Mumps  
Plague  
Rabies  
Rubella  
Severe Acute Respiratory Syndrome (SARS)  
Scarlet fever  
Smallpox  
Tetanus  
Tuberculosis  
Typhus  
Viral haemorrhagic fever (VHF)  
Whooping cough  
Yellow fever

The patient's G.P will report the above diseases to the local health protection team (HPT). The HPT will advise the academy of any action necessary. For advice on any communicable disease, please contact the Local Health Protection team.

RIDDOR reporting is required in the case of biological agents such as legionella if it is work-related. A report should be made whenever there is reasonable evidence suggesting that work-related exposure was the likely cause of the disease. The doctor may indicate the significance of any work-related factors when communicating their diagnosis.





## Appendix 2 – Further guidance and resources

- HSE <https://www.hse.gov.uk/>
- Local Health Protection Teams – HPT teams provide support to prevent and reduce the effect of diseases, chemical and radiation hazards  
<https://www.gov.uk/health-protection-team>
- Health protection in education and childcare settings  
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
- Public Health England - Health protection in schools and other childcare facilities- Chapter 3: managing specific infectious diseases.  
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases>

### Further Resources

- E-Bug - Fun games and teaching resources about microbes and antibiotics  
<https://e-bug.eu/>
- [The Meningitis Research Foundation](#)
- [The Meningitis Trust](#)
- [National immunisation schedule](#)
- [NHS choices](#)
- [Waste disposal](#)
- <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

## Appendix 3 – Guidance –Colour Coded Cleaning Standard

There is no legislative requirement to operate a colour-coded cleaning standard. However, it is considered good practice to adopt such a standard as prevents cross contamination between high and low risk areas e.g. toilet cleaning equipment then being used in a kitchen. Given the importance of infection control, the cleaning industry has developed a widely used colour-coding system for all cleaning equipment which should be used in the areas as identified by the various colours.

<b>BLUE</b>	Blue equipment is used for cleaning areas identified as presenting a low risk e.g. classrooms, offices, reception areas etc.
<b>GREEN</b>	All kitchen and food prep areas within the Academy/Nursery should use green equipment.
<b>RED</b>	Red equipment is used for areas where the spread of infection is considered high risk areas e.g. toilets, washrooms, showers, first aid rooms
<b>YELLOW</b>	Yellow equipment should be used in washroom areas where the risk of infection is considered low e.g. worktops, doors, pipework, towel dispensers, sinks and basins

## Appendix 4 – Diarrhoea and vomiting outbreak: action checklist

Date Completed:	
Checklist Completed By (Print Name):	
Name and Telephone Number of: Academy	
Name of Principal/Manager:	

	Yes	No	Comments:
Deploy 48-hour exclusion rule for ill children, young people and staff.			
Liquid soap and paper hand towels available at all hand wash basins			
Staff to check, encourage and supervise hand washing in children.			
Check that enhanced cleaning using appropriate products, that is, twice daily (min) cleaning is being carried out, (especially toilets, frequently touched surfaces, for example, handles and taps and including any special equipment and play areas). Ensure that all staff and contractors involved are aware of and are following the guidance.			
Disposable protective clothing available (for example, non-powdered latex or synthetic vinyl gloves and aprons).			
Appropriate waste disposal systems in place for infectious waste.			
Advice given on cleaning of vomit (including steam cleaning carpets and furniture or machine hot washing of soft furnishings).			

	Yes	No	Comments:
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys.			
Suspend use of soft toys plus water and sand play and cookery activities during outbreak.			
Segregate infected linen (and use dissolvable laundry bags where possible).			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing.			
New children joining affected class or year group suspended.			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere and that all staff are well (including agency). Exclude if unwell (see above regarding 48-hour rule).			
HPT informed of any planned events at the institution.			



## Appendix 5 – Exclusion table

This guidance refers to public health exclusions to indicate the **time** an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test. The advice for adults who have a positive test result for COVID-19 is to stay at home and avoid contact with other people for 5 days after taking the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A

Infection	Exclusion period	Comments
Diphtheria	Exclusion is essential. Always consult with your <u>UKHSA HPT</u>	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your <u>UKHSA HPT</u> for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis or septicaemia	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your <u>UKHSA HPT</u> will advise on any action needed.

Infection	Exclusion period	Comments
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA Health Protection Team for more.
Mumps	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Scarlet fever	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.



Infection	Exclusion period	Comments
Tuberculosis (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB) Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.



## Document Control

### Changes History

Version	Date	Owned and amended by	Recipients	Purpose
0.1	31.08.2022	Lynda Jarvis	Chris Hodgins, Sarah Graham, Phillip Beaumont, Chris Chamberlain	Review first draft of the Control of Infections Policy
0.2	20.10.2022	Lynda Jarvis	Chris Hodgins, Sarah Graham, Phillip Beaumont, Chris Chamberlain	Review second draft of the Control of Infections Policy
0.3	31.10.2022	Lynda Jarvis	Chris Hodgins, Sarah Graham, Phillip Beaumont, Chris Chamberlain	Review third draft of the Control of Infections Policy
0.4	30.12.2022	Lynda Jarvis	Chris Hodgins, Sarah Graham, Phillip Beaumont, Chris Chamberlain	Review fourth draft of the Control of Infections Policy
0.5	21/06/2023	Chris Hodgins	Chris Hodgins, Sarah Graham	Review fourth draft of the Control of Infections Policy
0.6	19/09/2023	Chris Hodgins	Feedback from Jon Needham & Approved	Approval of Policy
1.0	14/03/2024	Chris Hodgins	National Directors Group	Approval

### Policy Tier

- Tier 1
- Tier 2
- Tier 3
- Tier 4

### Owner

Christopher Hodgins

Director of Estates & Facilities

### Contact in case of query

chris.hodgins@oasisuk.org

## Approvals

This document requires the following approvals.

Name	Position	Date Approved	Version
Directors' Group	Director's Group	14/03/2024	1.0

## Position with the Unions

Does the policy or changes to the policy require consultation with the National Unions under our recognition agreement?

Yes

No

If yes, the policy status is:

Consulted with Unions and Approved

Fully consulted (completed) but not agreed with Unions but Approved by OCL

Currently under Consultation with Unions

Awaiting Consultation with Unions

Date & Record of Next Union Review

## Location

Tick all that apply:

OCL website

Academy website

Policy portal

Other

## Customisation

- OCL policy
- OCL policy with an attachment for each Academy to complete regarding local arrangements.
- Academy policy
- Policy is included in Principals' annual compliance declaration.

## Distribution

This document has been distributed to:

Name	Position	Date	Version
Principals via Bulletin		27/09/2023	V1
H&S Champions via Teams channel		27/09/2023	V1
H&S Champions and Property & Estates via Teams channel	Policy Release	14/03/2024	V1