HEALTH AND SAFETY POLICY – APPENDIX 8
CONTROL OF INFECTIONS POLICY

INITIO LEARNING TRUST

September 2023

Reviewed Annually

Contents

1. Statement of Intent

1.1 This control of infections policy covers and applies to all work and teaching activities undertaken by the trust.

1.2 The policy provides links to the necessary guidance to enable the school to manage infections effectively.

1.3 The policy sets out statutory reporting procedures to the outside agencies involved in dealing with outbreaks of disease.

2. Roles and Responsibilities

2.1 Headteacher

To ensure:

2.1.1. 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.

2.1.2. All staff are made aware of their responsibilities in the prevention and control of infection.

2.1.3. 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.

2.1.4. 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 advise them on the means of avoiding either becoming infected or infecting others.

2.1.5. Incidents and sharp injuries are reported in line with the school reporting procedure and that staff follow the correct procedures and these are investigated to prevent infections and support staff that may be infected.

2.1.6. Appropriate quantities of Personal Protective Equipment (PPE) – suitable protective gloves, aprons, face masks and resuscitation face masks are available for relevant tasks.

2.1.7. Cleaning procedures are in place to maintain a clean environment and resources are available to staff.

2.1.8. Records are maintained of staff' Hepatitis B vaccination history if a risk of the disease has been identified.

2.1.9. Immunisation of students and staff is promoted.

2.1.10. Good hygiene practices are promoted such as hand washing and any other guidelines provided by official bodies.

2.1.11. All hirers of the school premises are made aware of the policy and comply with section 2.8 of this policy

2.1.12. The school follows the advice given by Government advice and professional bodies.

2.1.13. Further professional advice is sought when necessary.

2.1.14. Ensuring appropriate risk assessments for control of infections in school food provision and preparation are completed in partnership with the school's external caterer, are reviewed annually and/or after any significant changes, and appropriate control measures are implemented.

2.2 All staff

To ensure:

2.2.1. Compliance with the requirements set on this policy.

2.2.2. Control of infection issues are brought to the attention of the Headteacher.

2.2.3. Relevant training is completed as required.

2.2.4. A high standard of infection control and hygiene is maintained as a matter of good practice.

2.2.5. Incidents and accidents are reported and recorded immediately in line with the school reporting procedure

2.2.6. Report promptly if they are unwell with an infectious disease, follow their GP, UK Health Security Agency (UKHSA) and/or NHS guidance and do not return to school until clear of symptoms for the time specified by their GP, NHS or government guidance.

2.2.7. Take due care of their own, their colleagues' and students' health and safety.

2.2.8. Use and maintain work equipment and personal protective equipment (PPE) according to training and manufacturers' instructions.

2.2.9. Inform the school if they are at higher risk of infections (e.g. pregnancy, underlying medical condition, etc.) or if they have any concerns with regards the school's procedures to control infections.

2.2.10. Become familiar with relevant risk assessments and follow control measures.

2.2.11. Incidents are reported immediately, following the school Accident/Incident reporting and investigation procedure.

2.3 First Aiders

To ensure:

2.3.1 If exposed to infectious substances such as blood and other bodily fluids they take the following precautions to reduce the risk of infection:

- Cover any cuts or grazes on their 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 you have to give mouth to mouth resuscitation
- Wash your hands after each procedure.
- Become familiar with relevant risk assessments.
- Follow good hygiene practice
- Liaise with the facilities team to ensure the school cleaning procedure is followed

2.4 Contractors and visitors

To ensure:

2.4.1 The school reporting procedure is followed.

2.4.2 Their activities do not introduce infection risks to the School.

2.4.3 A high standard of infection control and hygiene is maintained whilst in school premises as a matter of good practice.

2.4.4 Any areas which may be contaminated are to be reported to the Facilities Team or their host.

2.5 Students and parents/carers

To ensure:

2.5.1 They provide the school with any relevant information to ensure their own health, safety, and welfare.

2.5.2 Comply with any request from staff to leave the area if someone is unwell.

2.5.3 They should report any concerns they may have to a member of staff.

2.5.4 Any student who is unwell should stay away from the school until they have been symptom-free for at least 48 hours as set out in the current exclusion policy set out by UKSHA guidance for schools and advice received by the Health Protection Team (HPT).

2.5.5 Good personal hygiene is practised.

3. Arrangements

3.1 Risk Assessment

3.1.1. A risk assessment should be in place for the school premises and should consider the hazards that might be posed by infectious disease. In some areas, there will be little or no risk identified over and above that which is encountered in everyday life. In some areas, however, where there exists a student or employee with known or probable health problems, further analysis will have to be made.

3.1.2. The individual care plans of vulnerable students should indicate if they are suffering from an infectious disease or vulnerable to infectious diseases that require special precautions to be taken, especially if they require personal care. This would also apply to students who are unpredictable and violent. However, the confidentiality of the student's medical condition should be protected whenever possible.

3.1.3. Immunisation advice to staff will cover some aspects of risk, as will training in sound hygiene practices such as washing and universal precautions.

3.1.4. A specialist risk assessment relating to infection control will be needed for specific outbreaks and special circumstances identified at the school and will incorporate specific advice from the school Local Health Protection Team, see section 3.12. A Specialist risk assessment will need to:

a. Identify the hazards within the workplace, including those that potentially may be brought into the workplace.

b. Decide who might be harmed, and how, and include visitors, contractors, vulnerable persons, registered disabled persons, pregnant women, young persons, students and those persons with medical conditions.

c. Evaluate the risks and decide on precautions through ratings such as low, medium or high risk. The precautions and controls put in place must be proportionate to the risks. An example is if the risk is high then more robust controls may need to be put in place to reduce the risk to an acceptable level.

d. Record significant findings and communicate them to all relevant persons.

3.1.5. The law requires that the employer provide employees with adequate information, training, and supervision necessary to ensure their health and safety at work. Ensuring staff understand the contents of the risk assessment and the role that they will take in managing any risk can be achieved through training and information.

3.1.6. The risk assessment will be reviewed and updated when changes are required. Changes may be required following the identification of new or imported infection control risks in the school.

3.2 Vulnerable Children

3.2.1. The school will ascertain if enrolled children have medical conditions that make them vulnerable to infections that would rarely be serious in most children, e.g. children that have impaired immune defence mechanisms in their bodies either as a result of a medical condition or due to treatment they are receiving (known as immunosuppressed).

3.2.2. The school will liaise with parents to ensure the necessary precautions are taken to protect vulnerable children and these will be discussed with the parent/carer in conjunction with their medical team. The information will be shared with the school nurse.

3.2.3. Precautions will be taken to ensure vulnerable children are not knowingly exposed to chickenpox, measles and parvovirus B19 and, if they are exposed to either of these, their parent/carer will be informed promptly, and further medical advice will be sought.

3.3 Pregnant Staff

3.3.1. Managers need to consider the risks for new and expectant mothers when carrying out activity/task risk assessments.

3.3.2. Ensure a specific New and Expectant Mother Risk Assessment is carried out as soon as notification of pregnancy or breastfeeding is given and ensure infection control is considered on the assessment; any pre-existing medical condition or disability 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.

3.3.3. If a pregnant member of staff develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by their GP.

3.3.4. Chickenpox can affect a pregnant woman if she has not already had this infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

3.3.5. German measles (rubella). If a pregnant woman comes into contact with German measles, she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

3.3.6. Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

3.3.7. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.

3.3.8. All-female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

3.4 Public health management of specific infectious diseases

3.4.1. The government has provided specific guidance for 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. The school will follow the guidelines set in Appendix 6 of this policy or in Chapter 3 of the Health protection in education and childcare settings: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases

3.4.2. The school will ensure that all relevant persons are informed of the necessary control to prevent infectious diseases.

3.5 Action in the event of an outbreak or incident

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

a. encouraging all staff and students who are unwell not to attend the setting. Further guidance on the management of specific infectious diseases, including advised exclusion periods, can be found in section 3.4.
b. ensuring all eligible groups are enabled and supported to take up the offer of national immunisation programmes including coronavirus (COVID-19) and flu
c. ensuring occupied spaces are well ventilated and let fresh air in.
d. reinforcing good hygiene practices such as frequent cleaning, see sections 3.6, 3.7 and 3.8.
e. 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.

3.5.2. When necessary, the school will liaise with UKSHA or will refer to Appendix 4 of this policy or Chapter 4 of the Health protection in education and childcare settings: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-4-action-in-the-event-of-an-outbreak-or-incident

3.5.3. The school will follow the exclusion table guidelines issued by UKHSA: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table

3.6 Basic Hygiene Measures

3.6.1. In all areas of the school, it is important to observe good basic hygiene procedures. Standard Infection Control Precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection. Therefore, with any fluids, it is necessary to employ infection control measures.

3.6.2. Cleaning with detergent and water is normally completed as this method removes most germs that can cause disease. See Appendix 3 for further guidance.

3.6.3. Consideration is given to situations where additional cleaning is required during term time (for example in the event of an outbreak). The school complies with UKHSA HPT recommendations for enhanced or more frequent cleaning.

3.7 Respiratory and cough hygiene

3.7.1. Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.
3.7.2. Spitting should be discouraged.
3.7.3. Anyone with signs and symptoms of respiratory infection, regardless of the cause, should follow respiratory hygiene and cough etiquette, specifically:

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

d) carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials.

3.8 Hand-washing

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:

a. 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.

b. Rub hands vigorously together until soapy lather develops and continue for 20 seconds ensuring that all surfaces of the hand are covered.

c. 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.

d. 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 one person to person.

e. Discard paper towels into a bin (pedal bins are preferable).

f. It is important to ensure that hand basins are kept clean.

3.9 Disposal of Sharps

3.9.1. Where staff and students are required to administer medicine via needles or syringes, appropriate sharp boxes are provided.

3.9.2. Sharps are sometimes found discarded on school premises. Sharps include needles or syringes, scalpel blades, razor blades etc. Used sharps will inevitably have traces of blood on them. Therefore, they mustn't be allowed to cut or penetrate the skin of another person after they have been used.

3.9.3. Appropriate PPE will be made available to dispose of sharps such as litter pickers and/or sharps gloves.

3.9.4. Sharps must never be disposed of in waste bags or receptacles and must be disposed of in sharp boxes.

3.9.5. Sharps disposal procedure dictates that all sharps be disposed of using safe, colour coded pharmaceutical waste bins, using the following format:

a. Purple lid: for sharps that may be contaminated with cytotoxic or cytostatic substances

b. Orange lid: for sharps that haven’t been contaminated with medication

c. Yellow lid: for any other sharps, including those contaminated with medicine

3.9.6. The trust has appointed PHS as their clinical/hazardous waste disposal service. And further guidance is sought on the correct sharp boxes required.

3.9.7. Sharps’ boxes are available and should be used to dispose of used needles, razor blades etc. Only fill the box to where it says “Do not fill above this line” A sharps’ box will need to be available in all areas where there is a chance of discarded needles being discovered.

3.9.8. Sharp boxes should be kept in a safe place so it's not a risk to other people and is out of sight and reach of students. Sharp boxes should be located in a safe position, i.e. bracketed to a wall and in with the lid closed when not in use.

3.10 Cleaning-up body fluid spills

3.10.1. 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 yourself and others from the risk of cross-infection. To minimize the risk of transmission of infection, staff should practice good personal hygiene and be aware of the procedure for dealing with body spillages.

- Appropriate PPE should be worn such as disposable gloves. Gloves should be vinyl and not latex which is known to cause allergic reactions in some people. Plastic aprons must also be available and used where necessary. If there is a risk of splashes, eye and nose protection should also be worn, e.g. visors or face shields.
- Any cuts on the hands or arms should be covered with waterproof plasters.
- Clean the student (or staff member) and remove them from the immediate area.
- Isolate the area with signs, chairs, cones etc.
- The spillage can be cleaned up using a product that combines detergent and disinfectant or a spill kit where needed (spill kits must be made available for blood spills).
- Leave for 10 minutes or follow the instructions enclosed.
- Clean up the spillage.
- This can be disposed of by flushing down the toilet where possible and where not possible, the waste should be placed in biohazard or clinical waste bags and a waste disposal contractor should be contacted to request a clinical waste collection.
- The area should then be cleaned thoroughly with a product that combines disinfectant and detergent and hot water using disposable cloths following and following the manufacturer's instructions for the product.
- Then remove and dispose of PPE (gloves, apron) and wash hands thoroughly.

3.10.2. Further advice on the correct cleaning methods and cleaning substances to use should be sought from the school's chosen cleaning contractor.

3.11 Accidental contamination with bodily fluids

3.11.1. 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.

3.11.2. In the event of an accident with body fluids that results in possible contamination **IMMEDIATE ACTION** should be taken by the person involved and first aider and if necessary, escalated to the employee's line manager. 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 Headteacher and ask them to complete, with your help, an accident form 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

- Report the matter to your GP or the local A&E department.
- Take the accident form with you to the GP.
- If you have had Hepatitis B vaccination in the past you should remind your GP of the fact.
- However, if you have not had a vaccine within the last six months the doctor will probably decide to give a booster.
- Blood should be taken and tested for blood-borne viruses (Hepatitis B, Hepatitis C and HIV).
- The Health Protection Team should be informed of the incident by the Headteacher. If the person whose bodily fluids are involved is known, their details should be given to HPT (Refer to Appendix 4)
- The Principal should also report the occurrence to the HSE under RIDDOR (Form 2508A) and ensure that the above actions are carried out by the person involved in the accident.

3.12 The Local Health Protection team (HPT)

3.12.1. 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.)

3.12.2. The HPT should be contacted (by phone initially) by the school when there is an outbreak of a serious infectious disease in their establishment. The level of reporting is when two or more individuals are reported with the same infectious disease.

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

3.12.4. For the list of reportable diseases see Appendix 1

3.13 Training

3.13.1 Suitable training should be delivered to staff where there is an identified risk.

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

3.14 First Aid

3.14.1. First Aid is an area that might 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.

3.14.2. Staff responsible for purchasing first aid materials should supply first aiders with suitable disposable gloves, aprons and resuscitation face masks in addition to the basic requirements of the first aid box.

3.15 Immunisation

3.15.1. The school takes an active role in supporting immunisation programmes. These are detailed on the UKSHA: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-5-immunisation

3.15.2. Specific immunisation is not necessary for all staff in the context of their work.

3.15.3. It is recommended that premises/cleaning staff employed by the trust and all trained first aiders should have up to date tetanus vaccinations and consideration may be given to offering Hepatitis B vaccinations.

3.16 Contact with Animals

3.16.1. Farm visits pose a potential risk of infection to students and adults. Generally, farms that are open for visits are plentifully supplied with wash hand basins. Students should be instructed to wash their hands thoroughly after touching animals, especially before eating.

3.16.2. Animals kept by the school 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/chapter-6-educational-visits

3.16.3. Pond Dipping and Canoeing are activities that might 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 within 10 days should mention the contact to their doctor. Early treatment with antibiotics is usually effective. Symptoms can seem similar to influenza illness.

3.16.4. The school will complete risk assessments for all educational visits, the following types of visits will be assessed in conjunction 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/chapter-6-educational-visits

a. Educational visits involving water-based activities.
b. Educational visits to locations such as farms and zoos.

3.17 Hygiene in kitchens and eating areas

3.17.1. Safe food preparation is key to the prevention of food-related illnesses. The day-to-day responsibility for managing food safety has been delegated to the school's contract caterers.

3.17.2. The cleanliness of all food equipment, including plates and cutlery, is the responsibility of the Lunchtime/ Breakfast/ After school Club staff.

4. Conclusions

4.1. Basic good hygiene practice is the key to infection control throughout the trust.

4.2. The inclusion of infection control issues in risk assessments, as well as training staff on induction and at suitable intervals, thereafter, will reduce the likelihood of infections being spread unnecessarily.

4.3. Wider infection control measures will be needed if there is an outbreak, such as enhanced cleaning programmes and more comprehensive control measures to reduce exposure following guidance form the local HPT.

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 physician would report the above diseases to the local Health protection team. The HPT will advise the school of any action necessary. If you require advice on any communicable disease, please contact the Local Health Protection team.

The Headteacher is required to contact the local health protection team if they suspect an outbreak, any serious or unusual illness or if any advice is needed.

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. Follow this link to report an Occupational Disease.

Appendix 2 – Further Guidance and Resources

Further guidance can be obtained from organisations such as the Health and Safety Executive (HSE) or Judicium Education. The following are some examples. The H&S lead in the school will keep under review to ensure links are current.

- HSE https://www.hse.gov.uk/
- HSE - Infections at work https://www.hse.gov.uk/biosafety/infection.htm
- 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
- UKSHA - Health protection in education and childcare settings. https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
- UKSHA - Health protection in schools and other childcare facilities- Chapter 9: managing specific infectious diseases. https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases
- UKSHA - COVID-19: personal protective equipment use for non-aerosol generating procedures https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

Further Resources

- E-Bug - Fun games and teaching resources about microbes and antibiotics https://e-bug.eu/
- Health protection in education and childcare settings Guidance https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
- Farm visits
- Health and Safety Executive
- The Meningitis Research Foundation
- The Meningitis Trust
- National immunisation schedule
- NHS choices
- https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities
- Waste disposal
- Diarrhoea and vomiting outbreak: education and childcare settings action checklist

Appendix 3 – Guidance – Colour-coded Cleaning Regime

There is no legislative requirement to operate a colour-coded cleaning regime. However, it is considered good practice to adopt such a scheme, as it stops equipment from being used in different areas (e.g. toilet and then equipment being used in a kitchen). As a result, and given the importance to 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. These are;

BLUE	Generally used when cleaning areas that are considered to present a low risk of infection. All equipment can be used to clean classrooms/offices/reception areas etc.
GREEN	All kitchen areas within the school/nursery should use green equipment.
RED	This is for **high risk** areas in relation to the spread of infection, such as toilets/washrooms/showers. Including all fixtures and fittings
YELLOW	Should be used in washroom areas for cleaning all fixtures and fittings and surfaces that are not considered critical in terms of infection. These include worktops/ doors/pipework/towel dispensers/sink and basins

Appendix 4 - Diarrhoea and vomiting outbreak: action checklist

Date Completed:	
Checklist Completed By (Print Name):	
Name and Telephone Number of Institution:	
Name of Headteacher/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). (See Chapter 2 for detail). 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).			
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).			

	Yes	No	Comments:
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 – People Clinically Extremely Vulnerable to COVID-19

Most people who were identified as CEV are now well protected after receiving their primary and booster vaccination doses. For most people who were CEV, they are no longer at substantially greater risk than the general population, and they are advised to follow the same guidance as everyone else on staying safe and preventing the spread of coronavirus (COVID-19), as well as any further advice you may have received from your doctor.

There is no longer separate guidance for people previously identified as CEV, although it is recommended anyone with underlying health conditions takes care to avoid routine coughs, colds and other respiratory viruses.

There remains a smaller number of people who, despite vaccination, are at higher risk of serious illness from COVID-19. This is due to a weakened immune system (immunosuppressed) or specific other medical conditions and requires enhanced protections such as those offered by antibody and antiviral treatments, additional vaccinations, and potentially other non-clinical interventions. See guidance for people whose immune system means they are at higher risk

Appendix 6 – Exclusion table (updated 5th May 2022)

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.	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
Diphtheria	Exclusion is essential. Always consult with your UKHSA HPT	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

Infection	Exclusion period	Comments
Hepatitis B, *C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT 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 UKHSA HPT will advise on any action needed
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 HPT 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

Infection	Exclusion period	Comments
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
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