



# Control of Infection Policy

Version 1

**This policy applies only to Post-16 New Collaborative Learning Trust institutions.**



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## 1.0 **Introduction**

- 1.1 New Collaborative Learning Trust (NCLT) recognises the unique position that educational establishments occupy regarding the control of infectious diseases which may threaten students or staff. **It is therefore the responsibility of all students and staff to inform NCLT if they have or suspect that they may have an infectious illness. All information will be treated in strict confidence. Students should notify Student Services or Progress Tutor in the first instance. Staff should notify HR via the absence line.**
- 1.2 This policy deals with those diseases which are of particular concern to an educational establishment with a large population of young people.
- 1.3 Information, high standards of hygiene and offers of immunisation to staff at risk will provide control of the risk of infection.

## 2.0 **Control of Infection**

### 2.1 **Information**

Information will be provided for students by means of the site's individual intranet, bulletins, TV's and through health promotion to raise awareness of disease issues. Risk assessments in areas may show the need for more detailed knowledge on the part of the staff. These needs will be met by the Head of School or through the Director of HR when required.

### 2.2 **Immunisation**

Immunisation is the best way to protect vulnerable staff against common high risk infections encountered as part of their working duties.

Staff should review their own immunisation status with their general practitioner to ensure that they are fully protected against common diseases of a non-occupational nature.

The Trust may offer immunisation where this is necessary for staff if any are involved in overseas trips and expeditions.

### 2.3 **Hygiene**

Personal hygiene, in particular the washing of hands, is the single most effective way to avoid those infections which spread from hand to mouth. Toilets and washrooms must be accessible, well maintained and in good repair.

## 3.0 **Action to be taken**

- 3.1 In the event of an outbreak the priority is to prevent any further spread of infection and to identify possible contacts in relevant cases. Once it is established that a student or member of staff is suffering from a serious infectious disease, the following action should be taken by the individual site.

- Inform the Director of HR and the Health and Safety Manager as soon as possible, who will then report the incident to the relevant member of the pastoral team and/or Study Support. HR will also then contact any staff members who may be particularly vulnerable to the disease in question.
- Advise the sufferer to contact their GP or hospital and assist to do so if needed.
- Advise that the sufferer leaves site at once and assist to do so if required.
- Decide on whether decontamination of certain areas is necessary.
- Inform the Principal and CEO as soon as possible.

#### **4.0 Policy Guidelines for Health and Hygiene on Trust Sites**

##### **4.1 Toilets**

To minimise the risk of an outbreak of infectious disease it is vital that good personal hygiene is always practised at all Trust sites. Toilets should always be open. Toilet paper and soap, disposable towels or hot air dryers should be available. A supply of hot water should be supplied. Bins must be emptied and cleaned regularly.

##### **4.2 Water**

Drinking water is provided in several areas on each site. This is in the form of water fountains which are fitted with water filters.

##### **4.3 Blood/Body Fluids**

Blood may carry infective organisms, in particular the viruses which cause Hepatitis B and HIV infection (AIDS). Any other body waste should also be treated using the same precautionary regime as for blood.

Therefore all blood and saliva must be regarded as potentially infective. Procedures must minimise the risk of transferring blood from one individual into the bloodstream of another, for example via a cut in the skin.

When dealing with blood or body fluids: Contact the Site Team or on-site cleaner.

- All staff should wear disposable gloves.
- Clean and dress the wound, using appropriate dressings if the injury is minor. If the wound is large, press a clean wound dressing over the area and seek medical advice.
- Place all soiled dressings, cotton wool, gauze, paper towels etc. into a yellow plastic bag and seal. This may be safely disposed of into the clinical waste bin.
- For cleaning up blood spills, or blood stained materials, cover the area with an absorbent material (paper towels) and pour dilute bleach or disinfectant onto them leaving the solution in contact with the blood for at least ten minutes. Wipe up carefully, by washing with detergent and hot water, and dispose of soiled items, including disposable gloves and apron as described above.
- Splashes of blood on the skin should be washed immediately with soap and water. Splashes of blood into the eyes or mouth should be irrigated immediately with clean water.
- Any soiled clothing can be safely cleaned by a standard washing machine cycle (minimum 60°C).

#### **4.4 Feminine Hygiene**

Blood may carry infective organisms and this includes menstrual blood. Sanitary pads need safe disposal. This is achieved at the Trust by means of a contract disposal service.

#### **4.5 First Aiders**

Precautions need to be taken to protect against any blood-borne infection. Hands should be washed before and after giving first aid, and gloves should be worn on every occasion. Any cuts etc need to be covered by a plaster. Any splashes must be washed off immediately. When giving mouth to mouth resuscitation a mouth shield should be used.

#### **4.6 Exclusion of Sick Persons**

Any student/staff/visitor must inform the Trust if they have or suspect they have a communicable disease. Any information provided will be treated in the utmost confidence. Where a staff member is affected information should be passed to the Director of HR. The Principal has powers to exclude students and staff from a Trust site if they have a communicable disease. This will normally be requested by the Public Health Department responsible for communicable disease control. The diseases for which exclusion is recommended by the local Consultant for Communicable Disease Control are listed in Appendix A.

### **5.0 Details of Specified Infections**

#### **5.1 Aids**

AIDS stands for the Acquired Immune Deficiency Syndrome. It is caused by infection with the Human Immunodeficiency Virus (HIV). The virus gradually destroys the immune system so the individual falls prey to recurrent infections.

- The individual with HIV/AIDS is vulnerable to infection from others. They are not a major source of infection to others.
- However, the blood of such an individual is infective, and should be dealt with as described. (There are routine measures for all blood spills).

#### **5.2 Avian Flu**

This is an acute viral infection, which may be relatively mild, or severe that could have the same effect on all age groups or affect some more than others. It is spread by airborne droplets from infected respiratory systems and can be identified by a doctor as a type of influenza from its clinical symptoms, eg fever, malaise, headache, cough, respiratory distress and myalgia (body aches). Laboratory diagnosis is needed to distinguish the influenza from other respiratory viruses and to identify the particular strain of pandemic avian flu. Sufferers should follow medical advice given and notify the Trust. Persons suffering from this disease would be excluded from college, as it is a notifiable disease that is reportable to the local Consultant for Communicable Disease Control.

This viral disease is particularly important for its serious effects upon those with underlying cardio-respiratory disease (including asthmatics and smokers) or immune

deficiency, or even pregnant women.

Any students/visitors/staff suffering the symptoms during a pandemic is requested not to attend and should seek medical attention. If there are reported cases, the Trust will obtain the latest guidance from the DfE.

The Trust's response to any outbreak of avian flu will follow the Government guidelines and be directed and monitored by the Emergency Planning Committee.

### **5.3 Chickenpox**

This is an acute but usually mild viral illness which is spread from person to person by direct contact, droplets or airborne deposits from the respiratory system. Clothing and other articles are also infectious.

Persons suffering from Chickenpox must not come into contact with anyone on steroids or chemotherapy.

### **5.4 Diphtheria**

This is a bacterial infection of the tonsils, nose and throat. Persons suffering from this serious disease would be excluded from college after consultation with the local Consultant for Communicable Disease Control.

### **5.5 Dysentery**

This is the bacterial form of infection which may be mild but can be severe and last for weeks. Spread is usually by direct or indirect oral transmission through poor personal hygiene. Disinfection of potentially contaminated articles and toilet areas will be required during an outbreak and all staff and students will be encouraged to ensure they improve their personal hygiene.

### **5.6 German Measles (Rubella)**

This is a viral disease which is mild in nature but is important for its potentially serious effects upon pregnant women. The infection spreads by contact with droplets from the respiratory system or direct contact with infected individuals.

### **5.7 Meningitis – please note can kill in hours.**

- Meningitis is the inflammation of the lining around the brain and spinal cord.
- Meningitis is usually bacterial or viral. Viral Meningitis is unpleasant but it is almost never life threatening and most people make a full recovery. Bacterial Meningitis is more serious, can be caused by a range of different bacteria and can leave the sufferer with temporary or permanent after effects.
- Prevention is via a vaccine, usually at a young age.

#### **Signs and Symptoms of Meningitis and Septicaemia:**

<b>MENINGITIS</b>	<b>SEPTICAEMIA</b>
Fever/vomiting	Fever/vomiting
Severe headache	Limb/joint/muscle pain
Stiff neck	Cold hands/feet and shivering
Dislike of bright lights	Pale or mottled skin
Seizures	Breathing fast/breathless

Rash (anywhere on body)	Rash (anywhere on body)
Very sleepy/vacant/difficult to wake	Very sleepy/vacant/difficult to wake
Confused/delirious	Confused/delirious

Tumbler Test for septicaemia:

If a glass tumbler is pressed against the rash, the marks will not fade. This is a sign that septicaemia (blood poisoning) has developed. Medical attention should be sought immediately.

**Remember – All symptoms are not always present, early diagnosis can save lives so if you are concerned about someone who is ill get medical help immediately.**

### 5.8 Mumps

This is a mild infection but males past the age of puberty may develop severe swelling of the testicles. Male students and staff who have not had mumps in childhood should be encouraged to check with their GP if they have been, or suspect they may have been, in contact with a case.

### 5.9 Norovirus

This is an extremely contagious infection that is readily transmitted and produces a gastroenteritis illness. People infected with Norovirus are contagious from the moment they begin to feel ill and for at least 3 days after recovery. People who are ill with vomiting and diarrhoea should drink plenty of fluids to prevent dehydration. Although the illness is normally resolved within 24 to 48 hours in normally healthy individuals, anyone suffering this disease should be excluded until at least three days after the symptoms have abated. This is because other people can become so easily infected by direct contact with an infected person, eating food or drinking liquids contaminated with the virus or touching surfaces or objects contaminated with the virus, and then placing their hand in their mouth. Some people may be contagious for as long as 2 weeks after recovery.

### 5.10 Swine Flu (H1N1)

This is a respiratory disease caused by a new strain of flu virus. For most people swine flu is mild. It comes on quickly and usually lasts around a week. The symptoms are high temperature (Over 38° C/100° F), cough, shortness of breath, headache, sore throat, tiredness, aching muscles, chills, sneezing, runny nose and loss of appetite. If in doubt, call NHS Direct on 0845 4647, call the GP or use the NHS Direct symptom checker. Those in the high risk category are people with chronic health conditions, pregnant women and people aged 65 and over. It is spread through ejected droplets during coughing or sneezing. The germs can live on surfaces such as door handles, computer keyboards, telephones etc. Follow good hygiene practices, **CATCH IT** – Always use tissues to cover the mouth and nose when coughing or sneezing. **BIN IT** – Bin the tissue after one use. **KILL IT** – Wash hands often with soap and hot water or sanitiser gel.

## Appendix A

### Exclusion Periods for Named Infections

Disease	Usual incubation period (days)	Usual period of communicability	Exclusion from College
Avian Flu	1-5 days	While the organism is present in the respiratory secretions 1-9 days.	Persons suffering from this disease would be excluded from college until well. It is a notifiable disease that is reportable to Public Health England (PHE) who will give guidance.
Campylobacter	3-5	While diarrhoea persists.	Until diarrhoea stops. Food handlers: add 48 hours.
Chickenpox	13-17	2 days before rash appears to 5 days after the first crop.	5 days from onset of rash.
Conjunctivitis	Depends on cause	While eye is red and discharging – up to 2 weeks for viral causes.	Attendance can continue as long as individual feels well enough to attend.
COVID-19	5-6	8-10 days, 48 hours prior to onset of symptoms.	Follow latest guidance from PHE.
Cryptosporidium	3-11	While diarrhoea persists.	Until diarrhoea stops. Food handlers: add 48 hours.
Diphtheria	2-5	While the organism is present in the throat or skin lesions.	Until well.
E.Coli	1-7	While diarrhoea persists.	Until diarrhoea stops. Food handlers: add 48 hours.
Fifth disease (Slapped cheek syndrome)	3-18	3 days before rash appears to a few days after.	Until well
Food poisoning (including Salmonella)	0-2	While diarrhoea persists.	Until diarrhoea stops. Food handlers: add 48 hours.
German Measles (Rubella)	14-21	From 7 days before to 7 days after rash appears.	5 days from onset of rash
Giardiasis	14	While diarrhoea persists.	Until diarrhoea stops. Food handlers: add 48 hours.
Glandular Fever	On doctor's recommendation only	Until symptoms disappear.	Until well.



<b>Disease</b>	<b>Usual incubation period (days)</b>	<b>Usual period of communicability</b>	<b>Exclusion from college</b>
Hand, Foot and Mouth Disease	3-7 days	3 days before rash appears to a few days after.	Until well.
Hepatitis A (Infective Hepatitis)	4 weeks	From 14 days before to 7 days after appearance of first symptoms.	7 days from onset of first symptom. Continuing jaundice does not indicate infectivity. For other forms of Hepatitis follow advice of PHE.
Impetigo	4-10 days	Until skin is dry	Only if the skin is weepy and cannot be covered.
Measles	10-15 days	From a few days before to 7 days after rash appears.	7 days from appearance of rash.
Meningitis/Septicemia	2-5 days	Whilst organism is present in nose and throat.	Until clinical recovery.
Mumps	12-21 days	From 7 days before symptoms till swelling subsides (often 14 days).	Until swelling subsides (minimum of 7 days).
Poliomyelitis	3-21 days	While organism is present in stools.	Until PHE approves.
Pediculosis (Lice)	8 days to hatch 8-10 days to maturity	While lice or eggs remain alive on host.	Until treatment has been resolved.
Ringworm of scalp (Kerion)	10-14 days	While active lesions still present.	Until lesions healed.
Ringworm of body	10-14 days	While active lesions still present.	Until lesions healed.
Ringworm of feet	unknown	While active lesions still present.	Until lesions healed.
Scabies	2-6 weeks before itching starts 1-4 days on reinfection	While mite remains alive on host.	Until treatment has been resolved.

<b>Disease</b>	<b>Usual incubation period (days)</b>	<b>Usual period of communicability</b>	<b>Exclusion from college</b>
Scarlet Fever and other streptococcal infections	2-5 days	While organism is present in nose, throat or skin lesion.	Until clinical recovery. (5 days from commencing antibiotics).
Shingles	Reactivation	One week after rash appears.	5 days from onset of rash.
Swine Flu	2-7 Days	1 day prior to onset of symptoms to 7 days after onset.	Until 24 hours after free from fever.
Threadworm	2-6 weeks for completion of lifecycle	While eggs still being produced. Egg can survive 2 weeks in the environment.	No need to exclude.
Tuberculosis	4-6 weeks	While organism is in sputum.	Until declared non-infectious usually 2 weeks after starting therapy.
Typhoid Fever	14 days	While diarrhoea.	At least 48 hours after symptoms stop and PHE approves return.
Verrucae Plantaris	2-3 months	While wart visible.	No need to exclude, but keep covered.
Whooping Cough (Pertussis)	7-10 days	From start of catarrhal phase to 21 days after onset of paroxysmal cough. Treatment can reduce this to 5 days.	21 days from start of paroxysmal cough. If treated with erythromycin, can return after 5 days.

Other Sources of advice:

PCT Infection Control Nurse  
Occupational Health Provider

Policy Status						
<b>Policy Lead (Title)</b>	Trust Health and Safety Manager	<b>Review Period</b>	Annually			
<b>Reviewed By</b>	Trust Executive Team	<b>Equality Impact Assessment Completed (Y/N)</b>	N			
POLICY AMENDMENTS						
Version	Approval Date	Page No./Paragraph No.	Amendment	Audience	Plan for Communicating Amendments	
Version 1	TET 04/05/2021	N/A	Document split from single H&S Policy document.	NCLT Colleges' Staff, Students and Parents	Uploaded onto Moodle, the NCLT website and staff notified via email.	
			Reformatted to match official template			
		Page 3 / Paragraph 2.1	Removed college from statement to include WFA			
		Page 3 / Paragraph 2.1	Head of Department changed to Head of School to reflect job titles within the trust			
		Page 3 / Paragraph 2.2	Family doctor changed to general practitioner			
		Page 3 / Paragraph 3.0	Removed reference to college.			
		Page 4 / Paragraph 3.0	Changed from 'progress tutor' to 'relevant member of pastoral team', this takes WFA structures in account.			
		Page 4 / Paragraph 3.0	Amended to include informing principal			
		Page 4 / Paragraph 4.2	Added each to reflect multiple sites within Trust.			
		Page 4 / Paragraph 4.3	Amended to 'contact site team or on-site cleaner'. Better reflects processes in place at WFA and other college sites.			
		Page 5 / Paragraph 4.4	Corrected to Appendix A			
		Page 6	Changed to Emergency Planning Committee to match terminology in Disaster Recovery Plan.			
	Page 8	Added COVID-19 information to table of communicable diseases.				
	BoD 17/05/2021	Changes following board consultation				
		Page 6 Paragraph 5.7	Reference to septicaemia removed as refers to wider range of illnesses, beyond only meningitis			
Page 6 paragraph 5.3		Added usually to statement regarding chickenpox				
Appendix A		Conjunctivitis advice changed to reflect current NHS guidance on exclusion periods				
	Page 6 Paragraph 5.7	Reference to septicaemia removed as refers to wider range of illnesses, beyond only meningitis				