Staffordshire University Academies Trust		Trust Policy Document
Approved By	**Trust Board**	**Last reviewed: July 2025**
Policy Owner	**Operations Manager**	**Page 1 of 38**
Audience	**Trustees ☑ Staff ☑ Pupils ☒ Local Academy Council ☑ Parents ☒ General Public ☒**	

Infection Control Policy

Success Indicators

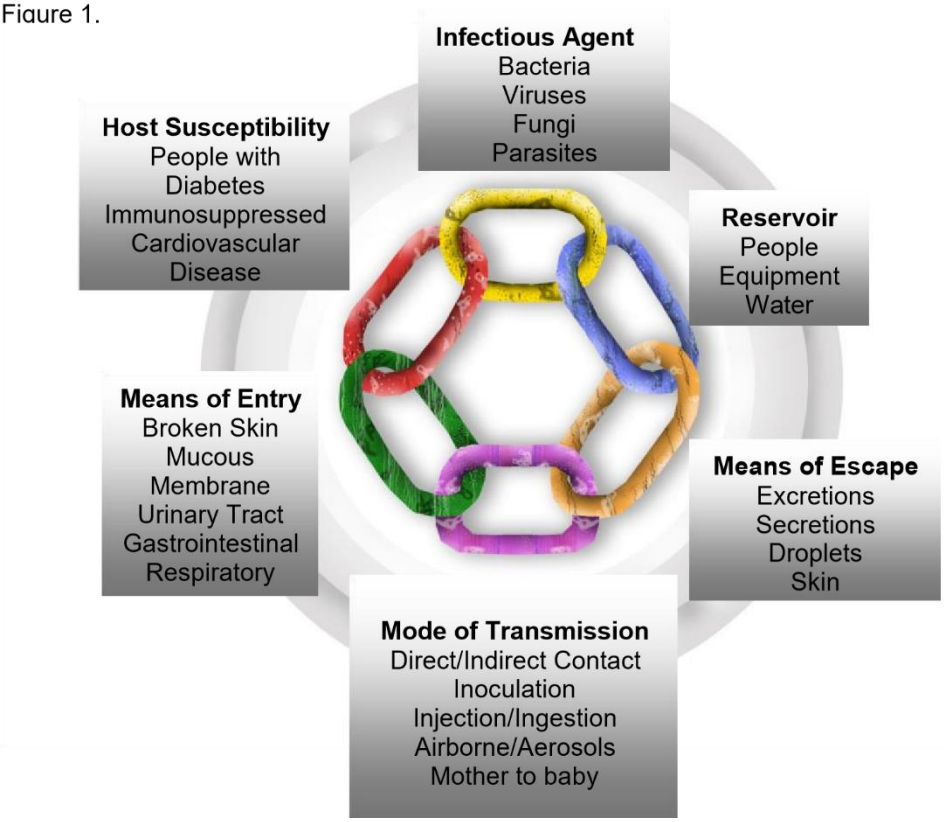
a) Staff identified as at risk from infection and/or, who deliver personal care,1` must receive information and training on the Infection Control Policy and standard precautions on induction. This must be reviewed on a regular basis.
b) Where required, arrangements are in place for the correct disposal of potentially infectious and hazardous wastes.
c) Incidents of accidental exposure are investigated.
d) Sharps are managed and accidents involving sharps are responded to correctly.
e) Correct spillage procedures are in place.
f) A risk assessment has been carried out for all work activities where employees may come into contact with infectious micro-organisms at work.

1. Introduction

Infections at work are those created by exposure to harmful micro-organisms such as bacteria, fungi, viruses and internal parasites. Staff may be harmed by being infected with the microorganism, by being exposed to toxins produced by the micro-organism, or by having an allergic reaction to the micro-organism or substances it produces.

It is not always possible to identify how infection will be spread therefore; precautions to prevent the spread of infection must be followed at all times. These routine procedures are known as Standard Precautions and by following these Standard Precautions the chain of infection can be broken and a safe working environment created (see figure 1).

Figure 1.



2. Routes of Infection

Micro-organisms which can cause infection in the workplace are generally spread by one of four main routes:

Airborne Transmission
In this route, micro-organisms spread by aerosol droplets through the air e.g. respiratory discharges such as coughs and sneezes or contaminated dust.

Faecal-Oral Transmission
This route is spread by hand to mouth e.g. going to the toilet, not washing hands then transferring micro-organisms to food which is then eaten.

Direct Contact Transmission
This can either be directly from person to person, from animal to person or indirectly via things such as inanimate objects.

Blood and Body Fluid Transmission
This includes a skin penetrating injury e.g. via a contaminated needle or other sharp object or through a bite caused by challenging behaviour or by an infected animal or insect.

Gastrointestinal Spread
Through contact with contaminated food or water, or contact with infected faeces or unwashed hands.

Further information about the process of infection is given in Appendix 7.

3. Aims and Objectives

- To minimise the risk of exposure to harmful micro-organisms and prevent the risk of infection.
- To minimise staff and student absence through illness and retain attendance.
- To provide staff with an understanding of the importance of controlling the risk of infection and limiting the effect this may have on premise occupants.
- To provide staff with the knowledge of how to control the risk of infection.
- To identify, assess and control the risks of infection in Academy and Trust settings.

4. The Arrangements for Applying the Policy

4.1 Health and Social Care Act 2008

Premises that are obliged to comply with the requirements of the Health and Social Care Act 2008 will require additional arrangements / risk management measures regarding infection control and hygiene matters. Details of the arrangements are provided in Appendix 8.

Settings where personal care is delivered but are not included in the Health and Social Care Act are recommended to designate a member of the staff to lead on issues regarding infection control and to monitor the effectiveness of the arrangements in place.

4.2. Risk Assessment

The risks from infection at work can be dealt with in the same way as any other health and safety issue - through carrying out a risk assessment. A risk assessment must be carried out for all work activities where employees may come into contact with infectious micro-organisms at work.

Various factors need to be considered in assessing the risk. The key points are:
- Where the organism may be present e.g. in an animal, person or environment.
- How employees may be exposed e.g. direct skin contact and/or inhalation.
- What effects it may have e.g. infection, cause allergies.

- Exposure i.e. frequency of contact taking into account the systems of work and protective measures in place.
- Who is at risk e.g. employees, visitors, pupils / students.
- Identify those who may be at greater risk e.g. vulnerable staff and pupils/students. An individual risk assessment may need to be developed for those individuals.

The aim of the assessment is to enable decisions to be made about the actions needed to prevent or control the risk. This includes the setting up of practical control measures, providing information and training, monitoring exposure and carrying out immunisation and/or health surveillance where the assessment shows that these are required.

Staff Immunisation

The need for staff to be immunised is determined by the risk assessment process and immunisation is a supplement to reinforce other control measures.

The line manager should contact their Occupational Health Provider for further information for staff groups identified by the risk assessment process as requiring immunisation. Post exposure treatments are available for some diseases, advice on post exposure treatments is available from the Occupational Health Provider.

Pupil Immunisation

The Trust is aware of the vital role the academies play in supporting the routine immunisation programme and will liaise with local health services to share information with parents at key points.

While we do not routinely check pupils' immunisation status, each school will support school based immunisation programmes by hosting school nurses and School Age Immunisation Services (SAIS) and helping them with various aspects of the vaccination process, including:

.

- Providing space and time in the timetable for vaccination.
- Reminding staff and pupils about the date of the immunisation session(s).
- Sharing information leaflets and consent forms with pupils.
- Providing a list of eligible pupils and their parent contact details to the SAIS team.

The academy will keep up-to-date with national and local immunisation scheduling and advice via www.nhs.uk/conditions/vaccinations/. Below is a list of vaccines available on the NHS, including who should have them and when:

- **EYFS only** - Before starting school, pupils should be given their second injection of the MMR vaccine, usually at 3 years and 4 months. Pupils should also be given their 4-in-1 pre-school booster against diphtheria, tetanus, whooping cough and polio, usually at 3 years and 4 months.

- **Primary schools only** - All pupils in Reception to Year 4 will be offered nasal flu vaccinations annually.
- **Secondary schools only** - Pupils aged between 12 and 13 can choose to get the HPV vaccine to protect themselves against cervical cancer, some mouth and throat cancers and some cancers of the anal and genital areas. This vaccine comprises two injections given 6-12 months apart.
- **Secondary schools only** - All pupils aged 14 will be offered the 3-in-1 teenage booster vaccination to top-up the effects of the pre-school vaccines against diphtheria, polio and tetanus.
- **Secondary schools only -** All pupils aged 14 will be offered the MenACWY vaccine as part of the routine adolescent schools programme.

4.3. Standard Precautions of Infection Control

4.3.1 Hand Hygiene

Hand washing is widely acknowledged to be one of the most important ways of controlling the spread of infection. Individuals may think that they know how to wash their hands but evidence suggests that many people do not use the correct technique. This means that areas of the hands can be missed. The diagram in Appendix 1 demonstrates the hand hygiene procedure that should be followed when washing with soap and water or using antibacterial hand gel or rub.

Hands should be cleaned:

- Before and after personal contact with pupils/students
- Following cleaning activities
- Before and after handling food
- Before eating, drinking or smoking
- Before taking medication
- Before inserting contact lenses
- After contact with body fluids
- After removing gloves
- Whenever hands are visibly dirty
- After any activity or contact that contaminates the hands including using the toilet, coughing, sneezing, handling waste etc. even if gloves have been worn.

Antibacterial hand gels and rubs are a practical alternative to soap and water where staff do not have immediate access to suitable washing facilities. However, hands that are visibly dirty or potentially grossly contaminated should wherever possible be washed with soap and water and dried thoroughly.

Staff who deliver personal care should receive information and training on hand hygiene as part of their induction and regularly thereafter. A hand hygiene competency assessment is available for use by managers to confirm staff competency, in Appendix 9.

4.3.2 Hand Preparation

Preparation of the hands increases the effectiveness of cleaning. Staff identified as at risk from infection and/or deliver personal care must:

- Apply the principle of “bare to elbows” during the delivery of care to ensure hand hygiene is effectively completed and reduce the potential for the spread of infection
- Keep nails short, clean and polish free
- Not wear jewellery, such as wristwatches, bracelets and especially rings with ridges or stones
- Not wear artificial nails, nail art or other nail decoration/technology
- Cover all cuts and abrasions with a waterproof dressing

4.3.3 Hand Drying

Improper drying can contaminate hands that have been washed. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Disposable paper hand towels are the best method for drying hands.

4.3.4 Hand Washing Facilities

Adequate hand washing facilities must be available and easily accessible in Academy and Trust settings. Designated hand washing facilities must be provided in treatment rooms and kitchens. Designated hand washing facilities must have basins provided with liquid soap dispensers, paper towels and foot-operated waste bins.

Where hand washing facilities are not readily available for example when working at outside locations staff should have access to alternatives i.e. anti-bacterial hand gels. Handwashing should take place as soon as possible, when facilities become available.

4.4 Personal Protective Equipment (PPE)

Personal protective equipment is used to protect both staff and others including pupils/students from the risk of cross-infection. It may also be required for contact with animals, hazardous chemicals and some pharmaceuticals. PPE includes items such as gloves, aprons, masks, goggles or visors. In certain situations, it may also include hats and footwear. The provision of PPE will be assessed and provided according to risk assessments.

Disposable Gloves

Gloves should be worn whenever there might be contact with body fluids, mucous membranes, non-intact skin or chemicals. They are not a substitute for hand washing. Disposable gloves are for single use only and they must be removed and discarded appropriately as soon as the task is completed. Hands must always be washed following the removal of gloves as there is a risk that they will have become contaminated during the removal process.

The disposable gloves provided must be either powder free vinyl or nitrile. Latex gloves must not be issued to staff due to the risk of sensitivity and allergic reaction associated with latex.

The correct procedure for the safe removal of re-usable and single use gloves is shown in Appendix 7. Disposable gloves must not be stored in a way that allows them to become contaminated. Where possible they should not be removed from the original container until required.

Disposable Plastic Aprons

These should be worn whenever there is a risk of contaminating clothing with body fluids and when a pupil/student has a known infection. Staff should dispose of them appropriately once the task is completed.

Masks, Visors and Eye Protection

These should be worn when a work activity is likely to cause body fluids or substances to splash into the eyes, face or mouth. Masks may also be necessary if infection is spread through the airborne route. Staff should ensure that this equipment fits correctly, is handled as little as possible, and changed between service users or tasks. Masks should be disposed of appropriately immediately after use.

4.5 Managing Sharps

A sharp is defined as any item that is capable of penetrating the skin and may be contaminated with blood or other body fluids. Sharps include needles, glass, metal and knives. The main hazards associated with a sharps injury are Hepatitis B, Hepatitis C and HIV.

Accidents can occur at any stage and to reduce the risk of injury and exposure to blood-borne transmissible diseases, it is vital that sharps are used safely and disposed of carefully.

To avoid injury staff should ensure that:

- Sharps are not passed directly from hand to hand.
- Handling is kept to a minimum.

- Needles are not broken or bent before use or disposal.
- Syringes or needles are not dismantled by hand before disposal.
- Needles are never re-sheathed.
- Staff plan for the safe handling and disposal of sharps before they are used.
- Used sharps are placed in a special container at the point of use, by the user and not a third party. This should conform to UN Standard 3291 and British Standard 7320.
- Service users who self-medicate must be encouraged to dispose of sharps themselves directly into a sharps container at the point of use.
- Sharps containers are not filled by more than two thirds and are stored in an area which is not accessible to students or members of the public.
- Where needles are regularly used consideration should be given to the use of retractable needles.
- Sharps containers must be kept in a secure place away from unauthorised people.

Staff identified as at risk from injury by discarded needles should be provided with puncture resistant gloves and suitable equipment for safe handling and disposal.

Academies who identify a risk from discarded sharps such as syringes must have suitable equipment and PPE available/accessible to remove the sharps. Staff must also be trained in removing sharps and follow the relevant risk assessment. Alternatively, they must liaise with the local Borough/District Council to make arrangements for the area to be made safe.

For information on what to do in the event of a needlestick injury, see Section 4.8 Managing Accidents.

4.6 Disposal of Potentially Infectious Waste

There is a legal requirement for waste to be properly handled, segregated, and disposed of depending upon its type. Legislation requires the classification of waste on the basis of hazardous characteristics and point of production.

The Hazardous Waste Regulations include definitions for healthcare wastes. Wastes that contain substances containing viable micro-organisms or their toxins which are known or reliably believed to cause disease in man or other living organisms are hazardous wastes.

Waste that poses an infection risk should be considered as hazardous infectious waste. Hazardous infectious waste includes blood and other materials that may contain blood such as dressings, swabs etc. Yellow clinical waste bags are largely being replaced with orange bags. Orange bags will be used for infectious hazardous waste that can be sent for alternative treatment rather than incineration. Alternative treatment is suitable for items such as dressings or swabs. Yellow bags will remain for anatomical waste and animal carcasses. This must not be put into general waste bins for disposal and must be collected by a clinical waste handling contractor.

Soiled waste such as sanitary products and plasters (from minor first aid treatment) are not considered to be infectious unless specific advice is given to the contrary by a healthcare practitioner.

Offensive waste describes wastes which are non-infectious but may cause offence to those coming into contact with it. Offensive waste includes wastes previously described as human hygiene waste and sanpro waste.

Offensive waste includes:
- Faeces
- Nasal secretions
- Sputum
- Tears
- Urine
- Vomit

Offensive waste may be considered infectious if it contains visible blood or there has been a clinical assessment that an infection exists from the waste e.g. TB in the sputum.

All staff required to handle waste must be instructed to:
1 Understand the waste streams (classification).
2 Seal bags effectively and ensure bags are labelled appropriately.
3 Handle filled bags by the neck only.
4 Know the procedure in the event of spillage.

Segregation:
1 All wastes produced must be placed in appropriately coloured bags.
2 Each bag must be filled to no more than 2/3rds capacity.
3 Each bag must be securely fastened with adhesive tape or plastic security grips to prevent risks of spillage of contents.

The procedures to be followed for the management of waste are detailed below:

Primary/Secondary Academy

Type of Waste	Storage	Method of Disposal
Sharps Sharps contaminated with medicinal products and their residues	**Sharps bin** Yellow lid	Return to pharmacist if prior arrangements in place or use approved contractor to collect

Sharps excluding those contaminated with medicinal products	Orange lid	
Hazardous/Infectious waste	Orange Bagged marked for alternative treatment	Collected by approved contractor
Offensive waste	Yellow & black striped bag	Collected by approved contractor
	Where macerators are available incontinent aids can be disposed of in this manner	
Pharmaceutical waste	Original or suitable protective container	Return to pharmacist/family/carer

Animal Health

Type of Waste	Storage	Method of Disposal
Sharps	Sharps bin	Collected by approved contractor
Offensive waste	Yellow & black stripe bagged	Collected by approved contractor
Animal By-Products	Sealed Container and Frozen	Collected by approved contractor
Hazardous waste	Original container or suitable protective container	Collected by approved, licensed contractor
Microbiological waste	Suitable protective container	Collected by approved, licensed contractor

4.7 Managing Blood and Body Fluids

Protective clothing must always be worn when dealing with body fluid spillages. Such spillages should be dealt with immediately and precautions taken to prevent a reoccurrence.

Spillages

These should be dealt with quickly, taking into account the type of spillage.

Spillage	Cleanser
All body fluids **except blood** i.e. vomit, urine, faeces	Disinfecting detergent
Blood	Sanitising detergent which is diluted according to manufacturer instructions
Body fluid in low risk areas e.g. office where there is a low risk of a spillage of body fluid	Body Spills Pack

4.8 Achieving and Maintaining a Clean Environment

An unclean environment is one of the factors that may contribute towards infection. High standards of cleanliness, good cleaning routines and techniques will help reduce the risk of cross-infection. Good design in buildings, fixtures and fittings is also important.

Cleaning removes contaminates, including dust and soil, large numbers of micro-organisms and the organic matter that shields them, for example, faeces, blood and other bodily fluids. In addition to this, colour-coding cleaning equipment will help to prevent and control the risk of cross contamination, keeping red items (gloves, mops, buckets and cloths) for sanitary areas and other colours for elsewhere.

Cleaning/Decontamination

This is an essential part of a programme for the control of infection. Cleaning uses water and detergent to remove visible contamination but does not necessarily destroy micro-organisms, although it should reduce their numbers. Cleaning is also essential prior to disinfection as this is then much more likely to be effective.

Disinfection

This uses chemical agents e.g. the use of hypochlorites or heat to reduce the number of organisms to a level where they are unlikely to be a danger to health, although it may not necessarily inactivate all viruses and bacterial spores.

Where personal care is provided, clear cleaning procedures should be in place. These must include the methods and frequency of cleaning. Some recommended cleaning procedures for equipment are given in Appendix 4. For settings that are required to comply with the Health and Social Care Act, further information is available in Appendix 8.

The routine use of disinfectants for general cleaning is unnecessary. Thorough, regular use of detergent and hot water is sufficient for routine purposes. Sanitising detergent is to be used for items which are contaminated with blood. The use of hypochlorites (bleach) is restricted and must only be used after consultation with the Trust / Strategic Health and Safety Service. Approval to use hypochlorites (bleach) is only normally given to disinfect during an outbreak of a communicable disease such as gastroenteritis. In instances of this nature, bleach should be brought onto site only for the purpose of disinfection following such an outbreak, used when children are not on site, and with the correct PPE, and taken off site once it has been used.

All disinfectants are potentially hazardous and must be used with caution; for example hypochlorites (bleaches) are irritants, which corrode metals and bleach/fade fabrics, and if accidentally mixed with substances such as de-scaler, can liberate chlorine gas. Bleach should not be stored on Academy sites.

The use of disinfectants is governed by the Control of Substances Hazardous to Health (COSHH) Regulations, an assessment of the product should be made prior to use and staff provided with information, instruction and training.

The table below lists cleaning materials and when they should be used:

Agent	Preparation	Use
General purpose detergent	As supplied	Routine and environmental cleaning
Disinfecting detergent	Follow manufacturer's instructions.	Cleaning all body fluids except blood.
Sanitising detergent	Follow manufacturer's instructions.	Blood and body fluid spillages, but not urine, for which hot water and detergent are adequate.

Hypochlorites (bleach)	As instructed by the Strategic Health and Safety Service / Trust.	Disinfection of hard surfaces and equipment, especially toilets, commodes and baths following discussion with Strategic Health and Safety Service / Trust.
Department for Environment, Food and Rural Affairs (DEFRA) Approved Disinfectant	At approved dilution rates	Staff in regular contact with non domestic animals to use for foot dip and to clean personal protective equipment.

4.9 Managing Accidents

Accidental exposure to body fluids can occur by:

- Injury penetrating the skin – for example, from needles, instruments, bone fragments or significant bites that break the skin.
- Exposure of broken skin – for example abrasions, cuts or eczema.
- Exposure of mucous membranes, including the eyes and the mouth.

The action that should be taken immediately following accidental exposure to body fluids, including blood is given below and illustrated in Appendix 2.

(a) Action to be taken by the person exposed:

- Immediately stop what you are doing and attend the injury.
- Encourage bleeding of the wound by applying gentle pressure – do not suck.
- Wash well under running water, dry and apply a waterproof dressing as necessary.
- If body fluids splash into eyes, irrigate with cold water.
- If body fluids splash into your mouth, do not swallow. Rinse out several times with cold water.
- Report the incident to your manager and complete an Accident Form and the Accident Book
- If line manager is not available contact another suitable member of staff such as the Business Manager or Principal who will contract Occupational Health Unit (OHU).
- If the OHU is not available for more than 36 hours advice must be sought from the A&E Unit.

(b) Action to be taken by the line manager or other appropriate member of staff:

- Initiate an investigation into the cause of the incident.

- If the Service User involved in the incident is known gain information from the Care Plan about medical history.
- Assess the degree of risk to the employee. Incident that will normally be regarded as high risk are:

Needlestick injuries
Bites – that break the skin
Any incident resulting in the skin being broken

- Contact to be sought with the Occupational Health Unit (OHU) and Strategic Health & Safety Service for follow up action/treatment as necessary.
- Inform the OHU of all relevant information about the incident.
- Ensure an accident form is completed.
- Report the incident on the My Health and Safety System.
- Complete/review risk assessment.
- Following an incident, exposed staff should be given time to talk about their concerns, provided with information about the risks arising from the exposure, and informed of the support available from the staff counselling service.

(c) Action to be taken by the Occupational Health Unit (OHU)

- Check the immune status of the exposed employee, if known, and discuss their immune status with the employee.
- Provide information for the employee regarding accessing counselling services.
- If the employee is exposed to a transmissible disease, further advice from the microbiologist will be sought as to whether treatment is required.

(d) Contacting the Accident and Emergency Unit (A&E)

- If the OHU is available or will be in less than 36 hours the A&E Unit should not be contacted.
- If the OHU is not available for more than 36 hours and the incident is deemed ‘high risk’ advice must be sought from the A&E Unit.

4.10 Reporting of Infectious Incidents

The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

There is a requirement in RIDDOR for employers to report acute illness requiring medical treatment, where there is reason to believe that this resulted from an exposure to a pathogen or infected material. Where the Academy experiences occupational disease, this must be reported to the Staffordshire County Council Strategic Health and Safety Service, who will report any occupational disease to the Health and Safety Executive.

The Public Health (Infectious Diseases) Regulations

These Regulations require the reporting of infectious diseases to local authorities. These are known as notifiable diseases. Under the above Regulations the doctor who makes the diagnosis

(confirmed or suspected) of a notifiable disease is required to notify the Proper Officer of their Local Authority.

Other agencies may also have to be informed of incidents of notifiable diseases e.g. CQC, DEFRA. The relevant requirements for the notification of diseases must be followed at all times.

4.11 Special Considerations for First Aiders

The risk of being infected whilst carrying out first aid duties is small. The following precautions can be taken to reduce the risk of infection:

- Cover any cuts or grazes on your skin with a waterproof dressing.
- Wear disposable gloves when dealing with blood or any other body fluid.
- Use suitable eye protection and a disposable plastic apron where splashing is possible.
- Use devices such as a resusciade when giving mouth-to-mouth resuscitation, but only if you have been trained to use them.
- Wash hands after the procedure.

Body Spills Kits should be made available where sanitising detergent is not readily available.

4.12 Vulnerable Employees

If there is a known infectious risk, managers must consider if any of the staff exposed would be at increased risk due to their own health. These groups would include:

New or Expectant Mothers
Some infections in pregnancy may cause damage to the developing baby and pregnant staff should not work with these infectious hazards, (advice must be sought from Strategic Health and Safety Service or Occupational Health Unit, on individual cases when appropriate). Main risks are from chicken pox, rubella, measles and certain zoonotic diseases such as toxoplasmosis and psittacosis. All pregnant staff must have a risk assessment completed as soon as their pregnancy is known.

Those with lowered immune system (immunocompromised)
This would include those being treated with radiotherapy and chemotherapy for cancer, and high doses of steroids or illness that affects immunity such as Leukaemia or HIV. These individuals are more likely to develop some infections and these may be more severe. Advice must be sought from the Occupational Health Unit on an individual case basis and an individual risk assessment carried out.

Specific Infections
For information on Methicillin Resistant Staphylococcus Aureus (MRSA), Gastro-enteritis, Blood Borne Transmissible Diseases and Zoonoses see Appendix 3.

5. Infections in Schools

A practical guide on managing cases of infectious diseases in school and other childcare settings is provided by Public Health England and can be found at:

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

This guide includes several documents including:

Chapter 4: What to do if you suspect an outbreak of infection
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-4-what-to-do-if-you-suspect-an-outbreak-of-infection

Chapter 6: Cleaning the environment
https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-6-cleaning-the-environment

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

6. Confidentiality

Confidentiality must be maintained at all times. Managers should actively safeguard and protect confidentiality about the medical status of all staff and pupils. An individual who wishes their medical status to remain confidential should have their wishes respected; 'need to know' is the criteria for disclosure, no 'want to know.' Breaches of confidentiality will be managed in accordance with HR, data protection and disciplinary procedures.

For information to be shared the informed consent of the individual should be obtained. Before an individual gives consent, it is vital that she/he should be aware of the implications of agreeing to disclosure of information.

Further guidance regarding protecting confidentiality and the disclosure of medical information for health and safety reasons can be found in Appendix 7.

7. Information & Training

Staff identified as at risk from infection and/or deliver personal care must receive information and training on the Infection Control Policy and standard precautions on induction. This must be reviewed on a regular basis.

Staff who deliver personal care must receive information and training on hand hygiene as part of their induction and will be expected to prove competency in hand hygiene skills on at least an annual basis. A Hand Hygiene Competency Checklist is available in appendix 10.

Staff that clean in a setting where personal care is provided must receive adequate instruction on how to complete the cleaning in a manner that reduces the risk of infection and limits the potential for cross contamination.

Risk assessments and infection control arrangements must be reviewed regularly and control measures implemented and monitored for effectiveness.

8. Legislative Framework

1. The Health and Safety at Work Act 1974.
2. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
3. The Control of Substances Hazardous to Health Regulations (COSHH) 2002.
4. The Management of Health and Safety at Work Regulations 1999.
5. Health and Social Care Act 2008.
6. The Environmental Protection Act 1990.
7. Hazardous Waste Regulations 2019.
8. The Health Protection (Notification) Regulations 2010
9. The Health Protection (Local Authority Powers) Regulations 2010

If you need any further advice on how to apply this policy please contact the Staffordshire University Academies Trust or the Staffordshire County Council strategic Health and Safety Team.

Further background information on this topic is available on the following Websites:
www.hse.gov.uk
www.hpa.org.uk

10. Glossary of Terms

For the purpose of this policy the following terms apply:

Blood-Borne Transmissible Diseases (BBTDs). These are viruses that some people carry in their blood that may cause diseases in certain people and few or no symptoms in others. The virus can spread to another person whether the carrier of the virus is ill or not. These viruses can be found in other body fluids other than blood.

Body Fluids. These include blood and other body fluids e.g. urine, faeces, saliva, sputum, vomit, breast milk, semen and vaginal secretions and sources of blood/body fluids such as human bodies, animal carcases and raw meat.

Decontamination - A combination of processes which removes or destroys contamination so that infectious agents or other contaminants are reduced sufficiently to prevent infection. Decontamination includes cleaning, disinfection and sterilisation.

Cleaning - Physical removal of contamination and micro-organisms.

Disinfection – Reduces the number of micro-organisms on a surface but does not remove all.

Sterilization – Removes all micro-organisms from a surface or piece of equipment.

Infection - This is the process that occurs when micro-organisms gain access to a host and there is evidence of tissue invasion or damage. This evidence may be redness or swelling, temperature, pus, pain or abnormal bleeding.

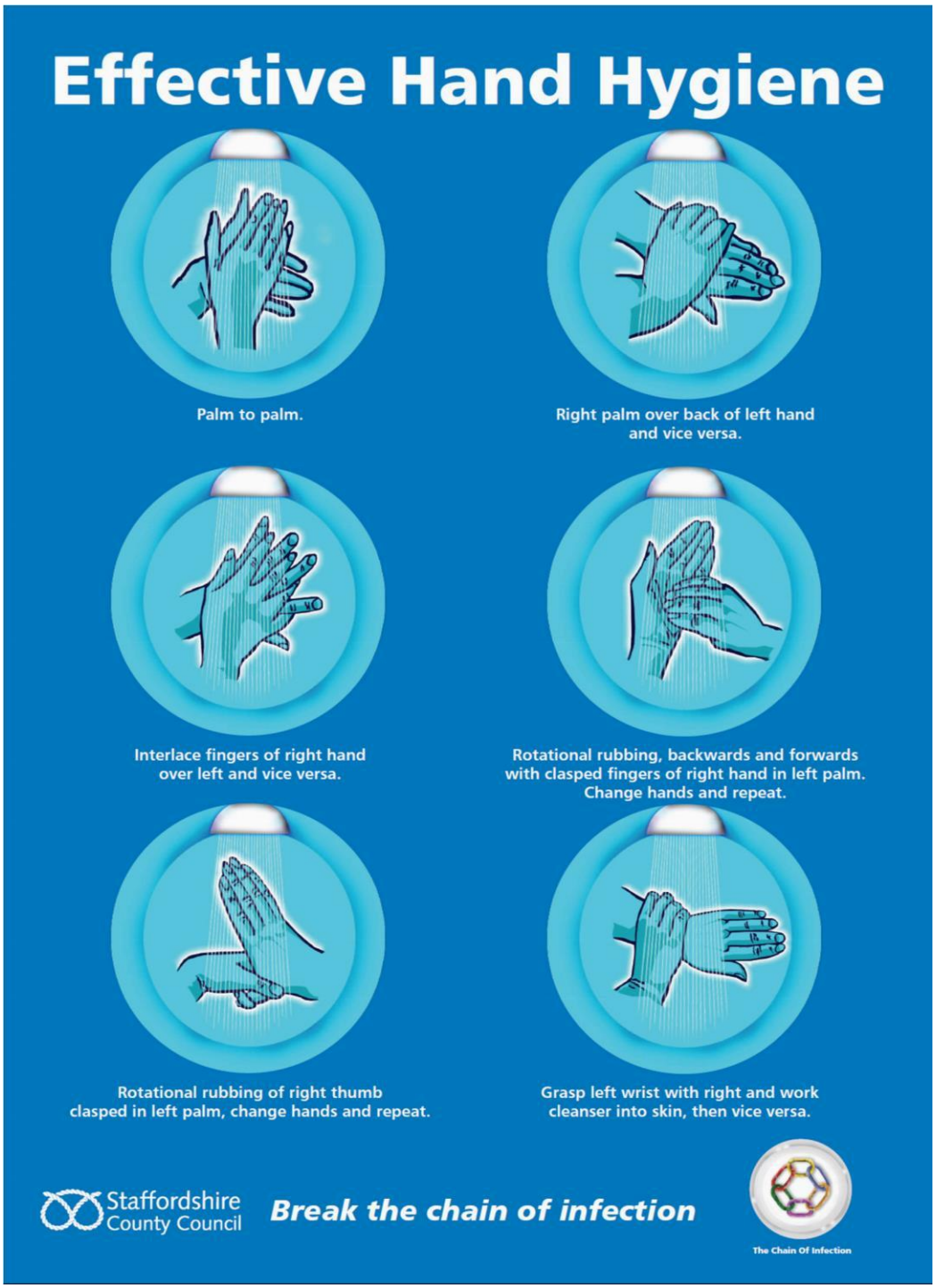
Reportable Diseases - These are diseases and/or infections that are reportable to the Health and Safety Executive (HSE), Environmental Health or the Consultant in Communicable Disease Control (CCDC).

Zoonoses - These are infections that may be transmitted from animals to humans.

11. Appendices

Appendix 1 Effective Hand Hygiene
Appendix 2 Managing Accidents
Appendix 3 Specific Infections
Appendix 4 Recommended Cleaning Procedures
Appendix 5 Correct Removal of Re-usable and Single Use Gloves
Appendix 6 The Process of Infection
Appendix 7 Confidentiality
Appendix 8 Health and Social Care Act 2008
Appendix 9 Hand Hygiene Competency Checklist
Appendix 10 Coronavirus guidance

Appendix 1


Effective Hand Hygiene
Palm to palm.
Right palm over back of left hand and vice versa.
Interlace fingers of right hand over left and vice versa.
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm. Change hands and repeat.
Rotational rubbing of right thumb clasped in left palm, change hands and repeat.
Grasp left wrist with right and work cleanser into skin, then vice versa.
Staffordshire County Council
Break the chain of infection
The Chain Of Infection

Appendix 2

Managing Accidents

i. **Immediately stop what you are doing and attend the injury**
ii. Encourage bleeding of the wound by applying gentle pressure – do not suck.
iii. Wash well under running water.
iv. Dry and apply a waterproof dressing as necessary
v. If body fluids splash into eyes, irrigate with cold water
vi. If body fluids splash into your mouth, do not swallow. Rinse out several times with cold water
vii. Inform a manager, report the incident on the on-line My H&S System and complete the Accident Book. If manager unavailable contact your Occupational Health provider.
viii. The manager will:
    1. Initiate an investigation into the cause of the incident and complete/review risk assessment.
    2. Contact Occupational Health provider and Health & Safety Advisor for follow up action/treatment as necessary.
    3. Inform the Occupational Health Provider of any relevant information.
ix. Occupational Health Provider will:
    1. Discuss immune status with staff.
    2. If the employee is exposed to a transmissible disease seek further advice from the microbiologist as to whether treatment is required.
    3. Offer access to a counselling service.
x. A&E Unit
    1. If the Occupational Health Provider is available in less than 36 hours do not contact the A&E Unit.
    2. If the Occupational Health Provider is not available for more than 36 hours and the incident is ‘high risk’ seek advice from the A&E Unit.
xi. Following an incident, exposed staff should be given time to talk about their concerns, provided with information about the risks arising from the exposure and informed of how to access a counselling service.

Appendix 3 Specific Infections

Methicillin Resistant Staphylococcus Aureus (MRSA)

This is a common bacterium that has become resistant to several antibiotics. Staphylococcus Aureus (SA) is a common skin organism, around 30% of people carry the germ in their nose or on their skin. SA and MRSA are not normally a risk to healthy people and the majority of people who have SA do not have any symptoms and are not aware of the infection. SA is more of a threat to hospital patients with deep wounds, catheters or drips which allow bacteria to enter the body. People with severely reduced resistance to infection are also vulnerable.

MRSA can be passed from person to person by skin to skin contact. This transmission can be prevented by applying the standard precautions as detailed in this policy. This may mean assisting others who due to their mental or physical condition are unable to wash their hands for themselves. People with MRSA do not normally require special treatment after discharge from hospital. If a course of treatment needs to be completed, the hospital should provide all the necessary details. People with MRSA should be encouraged to live as normal a life without restriction and need not be isolated. They may join others in communal areas such as sitting or dining rooms, so long as any sores or wounds are covered with an appropriate dressing.

Gastro-enteritis (Diarrhoea and Vomiting)

Gastro-enteritis can be caused by a variety of things including:

- Medication
- Medical conditions such as Crohns disease
- Over indulgence of food and/or alcohol
- Allergic reactions
- Infectious agents

Diarrhoea and Vomiting (D&V) are therefore not always due to infection. All cases must be presumed to be infectious until advised otherwise. A person with diarrhoea and vomiting is best kept as isolated as far as possible while symptoms persist to try and contain the infection.

When there is an outbreak of D&V it is important that cleaning procedures are increased. In these circumstances a chlorine-releasing agent such as hypochlorites (bleach) is to be used. Strategic Health and Safety Service must be consulted before use to ensure that the appropriate risk assessments are completed. Areas that require vigorous cleaning are toilet seats, commodes, taps on hand basins, handles, push plates, door handles, handrails - or any area likely to be touched by an infected person.

Contaminated laundry should be placed in a water-soluble bag and transferred directly to the washer without opening.

Spillages, for example vomit, should be cleaned using the procedures described in Section 4.7 of this policy.

Multiple, linked cases should be reported at the earliest opportunity to the Health Protection unit and the Strategic Health and Safety Service.

Staff who have symptoms of Diarrhoea and vomiting infections should refrain from work until symptom free for a minimum of 48 hours. Catering staff must be symptom free for a minimum of 48 hours. It is desirable that staff who work in catering or provide personal care provide a faecal specimen to their GP if they suffer from diarrhoea.

Blood Borne Transmissible Diseases (BBTDs)

BBTDs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread from one person to another, whether the carrier is showing signs of illness or not.

The main BBTDs are:

- Hepatitis B virus, Hepatitis C virus and Hepatitis D virus, which all cause a disease of the liver.
- Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS), affecting the immune system of the body.

Some of these viruses can also be found in body fluids other than blood e.g. semen, vaginal secretions and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBTD unless they are contaminated with blood.

BBTDs are mainly transmitted sexually or by direct exposure to infected blood or other body fluids contaminated with infected blood. In the workplace, direct exposure can happen through accidental contamination:

- By a sharp instrument such as a needle or broken glass.
- Following challenging behaviour where the skin is broken e.g. biting, scratching etc.
- Infected blood may also spread through contamination of open wounds, skin abrasions or damaged skin, and on rare occasions has been known to infect through splashes to the eyes, nose or mouth.

Immunisation

Immunisation (vaccination) is available against the Hepatitis B virus but not other Blood Borne Viruses. The need for staff to be immunised is determined by the risk assessment process. Immunisation is a supplement to reinforce other control measures.

Staff groups identified by the risk assessment process as requiring immunisation will have vaccines made available to them free of charge. The line manager should obtain the immunisation via the Occupational Health Unit.

Zoonoses

Zoonoses are infections that are transmitted from animals to humans. Many of these infectious diseases may be contracted in the occupational environment. The incidence of the occupational zoonoses in the UK is not known.

Staff working closely with non domestic animals should be issued with Health Carry Cards, which should be shown to a GP if a zoonotic disease is suspected.

During contact with animals or animal bedding the following procedures should be followed. Good personal hygiene is essential, always follow the standard precautions of infection control in this policy.

All injuries no matter how minor must be reported and if needed investigated. If you become or suspect that you are pregnant then you should inform your line manager immediately because of the possible effects to yourself and any unborn child from some zoonoses.

Appendix 4 Recommended Cleaning Procedures

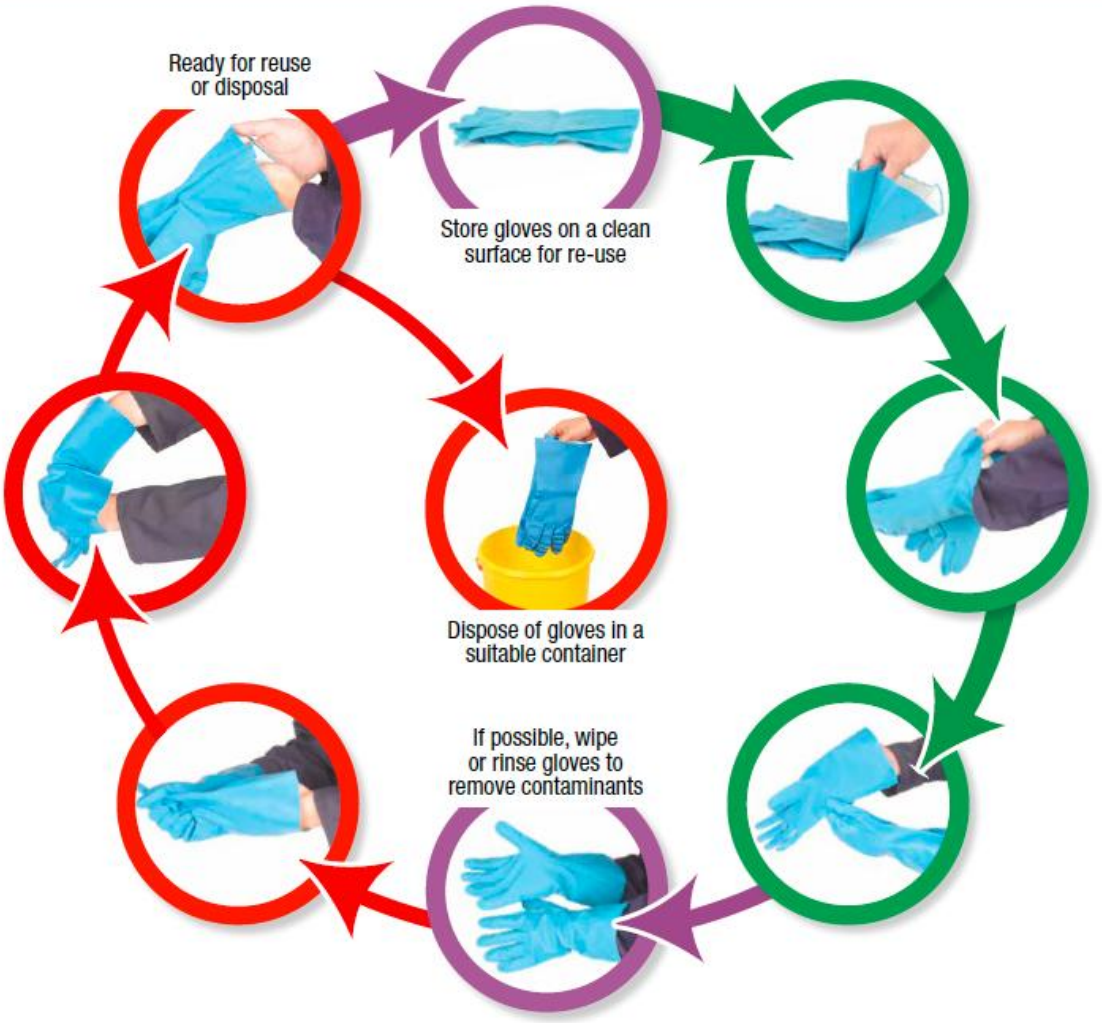
Crockery & Cutlery	Machine wash whenever possible or, hand wash with detergent and hot water. Hot rinse and air dry.
Laundry	Washing machines complying with requirements will provide satisfactory disinfection of clothing and bed linen, including blood and soiling from non-infected service users. Items of bedding/clothing defined as infected linen should be sealed in clear plastic bags inside stitched alginate bags and enclosed in the bag provided for the purpose.
Lifting Equipment i.e. hoists used for moving service users	After use, wash with hot water and detergent.
Masks, Nebulizers	Use for one person only. Disposable - discard following a course of treatment. In between therapy - wash in hot water and detergent. Do not soak.
Plastic aprons	Single use only. Dispose of as hazardous waste.
Personal Protective Equipment (PPE)	Disposable PPE – Must be single use only and disposed of appropriately after use. Other – **PPE contaminated with body fluids (human or animal) must not be laundered at home.** Soiled PPE and clothing must be laundered using the services provided by the Academy.
Toilet seats	Wash all areas with detergent and dry. ***Diarrhoea thought to be infected or gross contamination:*** After use by infected service user or if grossly contaminated, clean all areas with Titan Sanitiser/Protect. Rinse and dry.
Hand/grab rails in toilets	Wash with hot water, detergent and dry. ***Diarrhoea thought to be infected or gross contamination:*** After use by infected service user or if grossly contaminated, clean all areas with Titan Sanitiser/Protect. Rinse and dry
Toys	Most toys can be either laundered or washed with detergent and water. If heavily contaminated, they should be disposed of. Toys should vary a BS, BSI or CE mark and where possible, they should be easy to clean. Toys and equipment are cleaned on a regular basis.

Sandpits	Sandpits should be covered when not in use and the sand should be changed every four weeks for indoor and outdoor sandpits or as soon as the sand becomes discoloured or malodorous. Sand will be sieved or raked on a weekly basis.
Trolleys (food)	Clean with hot water and detergent daily.
Vomit bowl/receivers	Empty down sluice or toilet, wash, rinse and wash with Titan Sanitiser/Protect, or use disposables.
Walls & ceilings	When visibly soiled, use hot water and detergent. Splashes of blood, urine or known contaminated material should be cleaned promptly with Titan Sanitiser/Protect solution, and then rinsed.

Appendix 5

Reusable, chemically-resistant gloves

Follow the simple steps below to put on and remove gloves correctly:

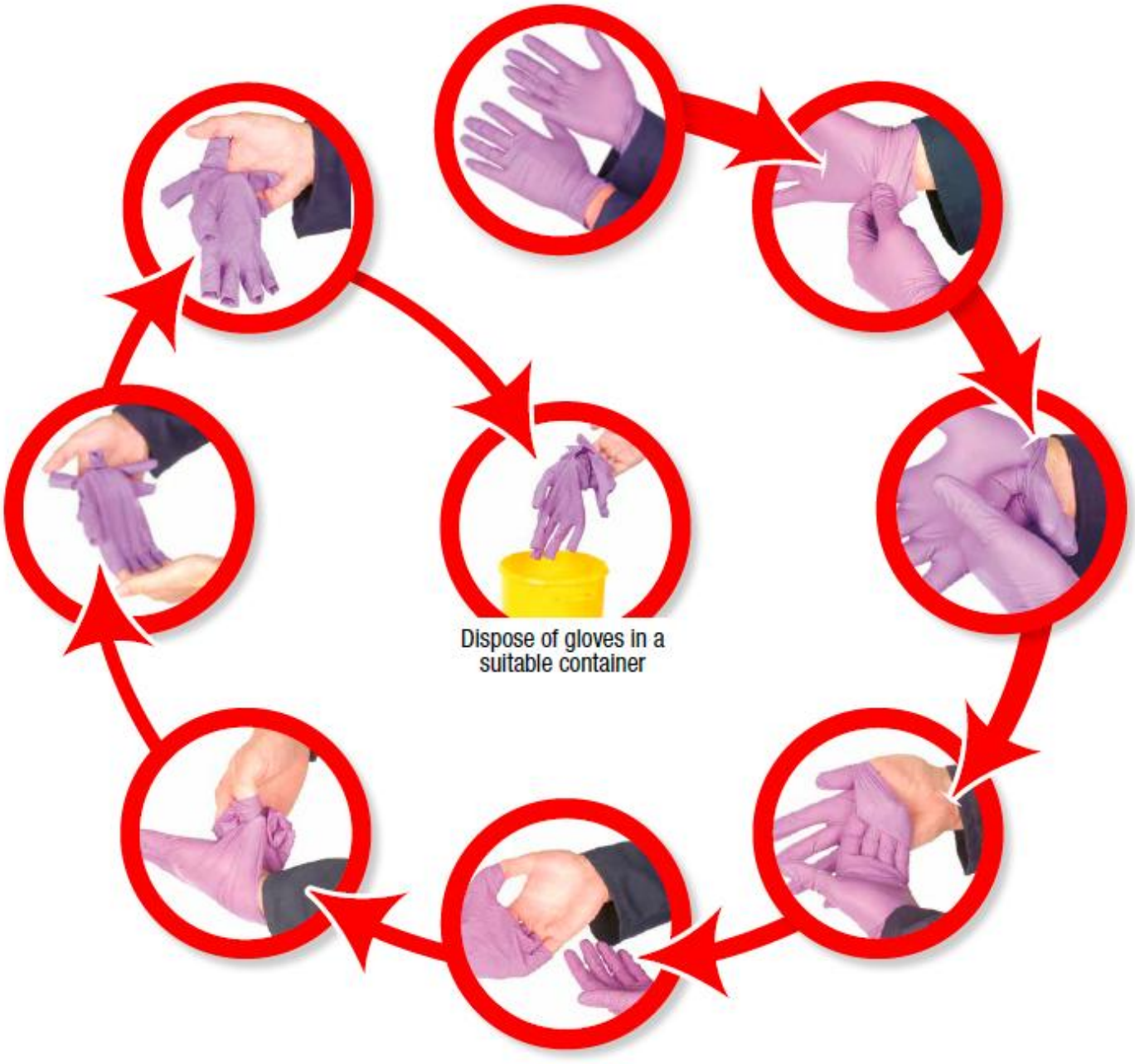


Remove carefully to protect your skin from contamination.
Use gloves for no longer than recommended.

Appendix 5

Single use, splash-resistant gloves

Follow the simple steps below to remove gloves correctly:



Appendix 6

The Infection Process

Micro organisms are found virtually everywhere in the natural environment including the body. Most of these micro organisms are harmless to people however certain micro organisms can cause disease.

Human Normal Flora, is where a micro organism lives on the skin and plays a part in protecting the skin from harm, and is generally helpful to the body's defences. Normal flora can help protect from an invasion of harmful or foreign organism.

Transient Flora is micro organisms that are harmful and have the ability to cause disease. Transient flora is acquired through contact with another person or surface and is transferable.

A person is said to be **colonised** when they carry a micro organism on their body but do not suffer any harmful effects. **Infection** happens when the micro organisms multiply and show recognised signs and symptoms of infection such as inflammation, pain, swelling, fever, redness etc. Where infection does occur it can take the form of boils, carbuncles and wound infections. In most cases these infections remain localised to the area of broken skin. Under certain circumstances, however, the micro organism can cause more widespread infection such as septicaemia. These infections are more likely to affect people who already have a serious underlying condition which has weakened the body's defence mechanism.

Micro-organisms which can cause infection are divided into the following categories:

- Bacteria
- Viruses
- Fungi
- Parasites

Bacteria

Bacteria are identified by their shape. Bacteria which cause infection in humans survive most effectively at body temperature. They require water and other nutrients in order to grow. However bacteria can be killed quite readily by heat, drying, some antiseptics and disinfectants and by radiation. Infections caused by bacteria include: MRSA, Tuberculosis (TB)

Spores

Some bacteria can produce spores which can survive for long periods of time and can cause infection at a later date when suitable conditions arise. Spores are not killed by disinfectants. Examples of spore forming bacteria include the bacilli which cause anthrax and Clostridium difficile.

Viruses

Viruses are identified by their shape. Viruses need living cells in order to grow and multiply. Viruses affect cells by causing either:

a) The death of the cell
b) The cell to change such as become cancerous
c) A latent infection whereby it may become an active infection later

Viruses are very small and can only be seen with an electron microscope. Infections caused by viruses include: HIV, Hepatitis B, measles, mumps, cold/influenza, viral gastro-enteritis and rabies.

Fungi

Fungal infections are classified as either superficial or deep.

Fungi are divided into 3 types:

- Yeast/yeast-like (such as candida)
- Filamentous (such as aspergillus)
- Dimorphic (such as blastomyces)

Infections include athlete's foot and ringworm.

Parasites

Parasitic infections include malaria, worms, lice and scabies.

The process of infection can be represented as a chain – breaking a link in the chain will control the risk of infection. The introduction to this policy details the chain of infection and how micro organisms are spread.

Appendix 7 Confidentiality

1. Introduction

Confidentiality must be maintained at all times. Managers should actively safeguard and protect confidentiality about the medical status of all staff and students.

When the medical status of a staff member or student is known, either through recorded information or verbally, the indisputable "need to know" is the criteria for disclosure not "want to know".

Deliberate breaches of confidentiality will be considered a disciplinary matter.

2. Secrecy or Confidentiality?

It is important to be clear about the difference between secrecy and confidentiality.

Secrecy implies a certain type of bonded collusive relationship between two or more people on a personal basis. If this occurs between an individual and a member of staff they can find themselves in difficulty e.g. the employee and/or service user maybe excluding themselves from sources of services, support and consultancy.

Confidentiality operates on a "role" basis rather than a "personal basis". For example, there is a confidential relationship between a client and his/her solicitor, a patient and a doctor and between a service user and a County Council service provider. Decisions about the distribution of information should be seen as one aspect of a professional relationship and should be achieved by direct negotiation with the service user.

3. The Legal Situation

Normally information given to staff is seen as "confidential within the service" and something that can be shared with colleagues, supervisors etc. Any sharing of information must be with authorised individuals and all processing of personal information must be compliant with the UK GDPR and Data Protection Act 2018.

4. HIV

Information regarding HIV is covered by the Venereal Diseases Regulations 1974, whether or not the infection has been acquired by a sexual route.

These regulations place an obligation upon local authorities to observe complete confidentiality with no disclosure without the individual's permission. There is also a "common law duty of confidence" wherever information of this kind is given by one person to another.

5. Informed Consent

An individual who wishes his/her medical status to remain confidential should have his/her wishes respected.

For information to be shared the informed consent of the individual should be obtained and must be recorded. Consent can be withdrawn at any time.

Before an individual gives consent, it is vital that she/he should be aware of the implications of agreeing to disclosure of information.

The advantages and disadvantages of disclosure should be discussed with the individual in a clear, open understandable and non-directive way. The individual must be informed that they can withdrawn consent at any time.

6. What Can We Disclose

All of the following criteria should be met before any information about someone's medical status is shared with any individual or agency:

- The individual(s) has given his/her consent to the disclosure of the information in a way, which is regarded as appropriate e.g. written, use of tape, Braille, via a voluntary advocate etc. Appendix 8 includes consent to share information form.
- The disclosure of information would be in the best interests of the individual and would benefit his/her welfare in a specific way.
- There is a legal requirement to disclose the information.
- The person/agency receiving the information is aware of its confidential nature and is able to maintain the confidentiality of the information provided in accordance with the UK GDPR and Data Protection Act 2018.
- There is a legal basis to do so.

Information should not be shared or disclosed on the basis that it might help protect those involved in providing services for an individual or child with a transmissible disease. Standard Precautions correctly adhered to will protect staff members from acquiring infection.

If an individual needs the services of an interpreter, signer or advocate, there are clear implications about confidentially, and training, which must be discussed and addressed e.g. the signing of confidentiality statements.

7. When can we disclose if consent is not given?

In certain, rare, circumstances, a decision to disclose information about a medical condition without the consent of the person involved may need to be taken:

- If the individual is at risk of significant harm if disclosure is not made.

- If there is a legal requirement for the information to be disclosed.

These are very isolated occasions and decisions should be sanctioned by SUAT following discussion with the Trust's HR and Legal service providers.

The option of the individual making the disclosure should remain open throughout the process. If it is considered necessary to go against the wishes of an individual, child or parent, then they should be told that the information is to be disclosed, and to whom. They should be given a full written explanation of the reasons why their wishes have been overruled.

There are other legal conditions that can be relied on to share information other than consent.

8. Disclosure and Children

It should be remembered that:

- It is a principle of the Children Act that children should be involved in decisions affecting their future wherever possible. Therefore, before information about his or her medical status is disclosed the child's consent should be sought whenever the child is of an age and understanding to provide it.
- Parental consent for disclosure should be sought only where the child is not capable of giving informed consent.
- Where the Local Authority has parental responsibility, the birth parents and anyone with parental responsibility should always be consulted, unless a decision is made that this would not be in the best interest of the child (Section 33, Children Act 1989).
- Children and young people may inappropriately disclose their medical status without recognising or understanding the serious implications of doing so.
- Disclosure of information about a child's medical status may implicitly reveal that the child's mother is infected or may reveal other confidential family circumstances.

9. Breaches of Confidentiality

Most breaches of confidentiality occur through thoughtlessness, lack of awareness or a misguided wish to protect people. This can be prevented by providing people with a clear understanding of the issues before a situation arises where confidentiality can be breached.

Line managers should intervene where rumour or gossip is circulating regarding medical status. Staff should be regularly reminded of the importance of maintaining the confidentiality principles outlined in this document. Where a breach of confidentiality is alleged to have occurred, it should be dealt with promptly, seriously and sensitively. A thorough investigation should be undertaken with the appropriate line manager and a report to the DPO must be made, as some breaches may be reportable to the ICO.

If the breach complained of was unintentional, the object should be to prevent a recurrence and convey some understanding of the issues. This may involve counselling and training.

Cases of serious misconduct, e.g. where breaches are persistent, negligent or malicious, should be handled in accordance with the Authority's disciplinary procedure. Because it may be difficult to take action without people learning of an individual's medical status, the views of the person concerned should be taken into account when making the decision to institute disciplinary proceedings. Every effort should be made to protect confidentiality throughout the process and in accordance with normal practice, the individual service user should not be asked to appear as a witness at a hearing.

10. Recording Information

Staff should discuss at each meeting with an individual what needs to be recorded and actively show what is written down. Reference to medical status or testing is only to be recorded where it is specifically necessary. The individual with the medical condition should know who is going to have access to the file.

The style of recording should be discreet, to enable work to continue if a key member of staff is not available – but also to ensure that the medical status is not immediately obvious to anyone moving files or picking up the wrong notes by mistake.

Care should be taken not to make reference to third parties in a way that could breach confidentiality.

CONSENT TO SHARE INFORMATION

CONFIDENTIAL

This is to certify that I:

Person's
Name…….

Have given permission to:
Employee
name……

Position held…….

Place of
work……

To disclose my HIV/Hepatitis status to:

Name……

Organisation/Service……

Reason for
Disclosure…….

I have been informed that SUAT Academies / Staffordshire County Council monitors services to people with HIV/Hepatitis related needs, and that information may be used anonymously for this purpose.

Person's
Name…….

Signed……

Employee's
Name……

Signed……

Date……

Under the GDPR you have the right to:

- Be informed about our collection and use of personal data and our legal basis for doing so
- Access the information we hold about you. This information is usually provided free of charge, but we may make a charge in circumstances specified in the regulations
- Request that we rectify (correct) inaccurate or out of date factual information about you
- Request that records we hold about you are erased
- Restrict processing of the information we hold about you if you have an objection to that processing, whilst your objection is investigated
- Request information you have supplied to us to be provided to you in machine-readable format so that it can be transferred to a third party
- Object to processing of your personal information including automated decision making and profiling
- Make a complaint or raise a concern to a supervisory authority if you are not satisfied with how the information held about you, or an information request, has been handled

If you have any questions about the information, we hold about you:

Email: dpo@suatrust.co.uk

Post to:

Data Protection Officer
Staffordshire University Academies Trust
Ashley 2 Building
Staffordshire University
Leek Road
Stoke on Trent
ST4 2DF

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law you can complain to the Information Commissioner's Office (ICO).

Appendix 8

Services Registered under the Health and Social Care Act

The Health and Social Care Act 2008 and Code of Practice must be considered by the Care Quality Commission (CQC) during their inspections of registered providers of adult social care. The infection control principles detailed in this policy are suitable for premises and services registered as providers of adult social care but the legislation requires specific management, communication and assurance systems.

Assurance Framework
Within registered services the Registered Manager is responsible for overseeing the implementation of the Infection Control Policy and relevant procedures for the prevention and control of infections including training.

The Registered Manager will produce an annual statement for the facility regarding infection control (in the format of a Provider Compliance Assessment) which will provide brief information about any outbreaks that have occurred and actions taken, outcomes of audits and training received by staff.

Services and premises will be audited regarding infection control, hygiene and cleaning matters in accordance with the process and programme developed by their service managers. Where an audit identifies significant failures that have the potential to increase the risk of infection to service users or staff this should be brought to the attention of the Staffordshire Cares Managers and resolved within a specified time.

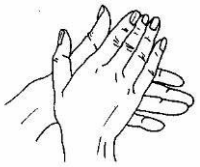
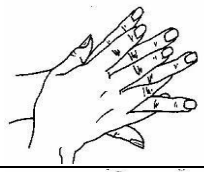
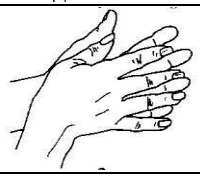
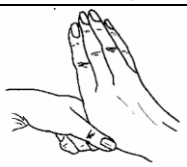
Cleaning and decontamination
Each Registered Premises must have clear, documented arrangements in place identifying how cleaning will be undertaken. The arrangements should pay particular attention to high risk areas and equipment such as commodes, bathrooms and kitchens and should include details of the frequency and method of cleaning and identify who is responsible for undertaking the cleaning. Senior Leadership Teams are responsible for ensuring staff involved in cleaning understand their responsibilities and have sufficient instruction and training to undertake the activity effectively.

Where home visits may be involved, any concerns regarding cleanliness should reported to the Senior Leadership Team.

Response to an outbreak
Registered services must identify actions, relevant to that service and service users, which may be taken in the event of an outbreak. The actions will include arrangements for contacting the Health Protection Unit, Strategic Health and Safety Service and other relevant agencies and where necessary, approaches to the isolation of infected individuals in Academy or Trust settings.

Appendix 9 Hand Hygiene Competency Checklist

Name **Date**

Assessor:		**TICK**
No wristwatches or jewellery are worn. A plain band ring is acceptable but no stoned rings. Nails should be short, no polish, false nails or nail art to be worn.		
Wet hands under running water before applying soap.		
Apply enough soap to cover all hand surfaces		
1 Palm to palm		
2 Right palm over back of left hand and left palm over right.		
3 Palm to palm with fingers interlaced		
4 Backs of fingers to opposing palms with fingers interlocked		
5 Rotational rubbing of thumbs		
6 Rotational rubbing, backwards and forwards with clasped fingers of right hand into left palm and vice versa		
7 Rub each wrist with opposite hand		
Rinse hands thoroughly under running water		
Turn taps off (with elbows if possible or paper towel)		
Dry thoroughly using paper towels		
Using foot pedal to open bin, dispose of paper towels		

Competent: (circle) YES /NO **Comments:**